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THE

HOMŒOPATHIC PHYSICIAN

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

“IF OUR SCHOOL EVER GIVES UP THE STRICT INDUCTIVE METHOD OF HAHNE-
MANN, WE ARE LOST, AND DESERVE TO BE MENTIONED ONLY AS A CARI-
CATURE IN THE HISTORY OF MEDICINE.”—*Constantine Hering.*

EDITED AND PUBLISHED BY
WALTER M. JAMES, M. D.

VOL. XVIII.

PHILADELPHIA

1231 LOCUST STREET,

1898.

JUL 15 1899

WALKER TO DOYLE
TO
MILTONA. IRR

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HOMŒOPATHIC PHYSICIAN.

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THE
HOMŒOPATHIC PHYSICIAN,
A MONTHLY JOURNAL OF
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

‘If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine.’—CONSTANTINE HERING.

Vol. XVIII.

JANUARY, 1898.

No. 1.

EDITORIAL.

SILICEA.—No remedy in the materia medica is more surprising and more clearly shows the genius of Hahnemann than Silicea.

That the “everlasting rocks” can be used as medicines seems incredible and absurd. Silicea has been a stumbling-block with many to the acceptance of the homœopathic doctrine. It has been argued that if rock can withstand the weather for centuries, it is incredible that it can be used as a medicine. It must be inert, and therefore cannot influence the human system. This argument is known to have been used by a professor before a class in a homœopathic college. Of course, it is not true. The weather does disintegrate the rocks, and in comparatively few years makes very considerable changes in them. Silicea or Silica is known to be feebly soluble in water. Fresenius, the great German analytical chemist, has declared that water standing for an hour or two in a tumbler will dissolve off a perceptible amount of Silica.

The method of preparing Silica as a medicine is not by simple trituration of sand in a mortar with sugar of milk, as was once stated by a homœopathic professor. Whoever will

take the trouble to read Hahnemann's *Chronic Diseases* will see that the directions given by Hahnemann for its preparation insure its solubility. These directions are to fuse pure quartz or rock crystal with soda, in a crucible. This makes a glass which is soluble in water, and is hence called water-glass. The solution is made, and then the soda is removed by muriatic acid, when the silica falls down as a thick, heavy jelly. Water has taken the place of the soda, and the compound is no longer a silicate of soda but a silicate of water, or, as it is usually named, "Hydrated Silica" or "Hydrated Silicic-acid."

This hydrated silica is then easily made up into a homœopathic remedy, either by trituration or dilution. Silica occurring in the soil or in rocks is constantly being broken down and dissolved by the alkalies, potash, soda and ammonia, and so rendered accessible to plants, by which they are enabled to build it up into their own structure. A conspicuous example of this utilization by plants of the silica in the soil for their own structure is the stalk that supports an ear of wheat. The greater part of its composition is silica, which gives to the slender tube its stiffness and capacity to bear the weight of so many grains of wheat.

In Greenland is found a white mineral called cryolite. It is a fluoride of aluminium and sodium. It is therefore rich in soda. Vast quantities of this mineral are brought to Philadelphia, where the soda is combined with silica to make a water-glass. This water-glass is thick and brownish yellow, and has the consistency of treacle, and looks like it. It is sold in great quantities for washing wool and for other purposes where soap would be ordinarily used.

The silica in the water-glass holds pretty much the same relation to the alkali that the fatty acids in soap do. It moderates the intensity of action of the alkali, so that this water-glass may be called a mineral soap.

These statements are made to remove the prejudice exist-

ing in many minds against the use of Silica in medicine on account of its supposed inertness.

Those who have used Silicea in practice, and have been made familiar by experience with its magnificent clinical qualities, will not need the foregoing explanations, and will not be any more influenced by them than before reading this editorial. There are, however, others who have not this fortunate clinical knowledge, but whose minds are filled instead with the erroneous teaching of men who are more than half hostile to the homœopathic principle they claim to practice as well as teach. To them these statements are particularly addressed.

VACCINATION IN THE LIGHT OF THE ROYAL BRITISH COMMISSION.

M. R. LEVERSON, M. D., FORT HAMILTON, L. I., N. Y.

(Continued from November No., p. 441.)

Dr. Robert Cory was the next witness examined by the Commission. His examination was commenced on the 27th of November, 1889, was completed on the 4th of December, and he was recalled to enable him to explain portions of his former testimony on the 7th of May, 1890.

Q. 4,267-9. "Dr. Cory is Director of the animal and vaccine station, and was the first appointed on that institution. He is also one of the instructors in vaccination for the Local Government Board."

Q. 4,272. "Five calves are vaccinated every week."

Q. 4,273. "The lymph is generally taken from the calves five days after the vaccination. Human lymph is fully matured on the eighth day; but in the calf the course is more rapid."*

* This has an important bearing upon the pathological aspect of vaccination—probably it has some connection of cause and effect upon the increased prevalence of cancerous growths, and upon the appearance of new diseases, such as osteomegalacia (indicating an abnormal rapidity of cell-growth), among people who practice vaccination.

Q. 4,274. "The lymph is partly used for calf to arm vaccination at the station, partly sent up to the Local Government Board."

Q. 4,278. "The origin of the lymph was some sent over to England by Dr. Dubreuille, who obtained it from a village called Laforet, near Bordeaux."

Q. 4,279. (The Chairman.) "Do you know whether that was from the natural cow-pox?" "That was from what is generally termed spontaneous cow-pox; that is as it occurs first in the cow."

Q. 4,280. (Prof. Michael Foster.) "And has passed through the cow only?" "That is so. The lymph that we are using has never been humanized."

(See *post*, Qs. 4,586, 4,587, 4,600, 8,900, 8,923-29.)

Q. 4281. (The Chairman.) "Has that lymph been used during the whole time?" "No; before March, 1882, the lymph stock was established by Dr. Carsten, of the Hague, and at that date the stock was exchanged for the Laforet lymph." * * * "For a limited time, another stock of lymph was set up alongside the other, for the sake of comparison."

Qs. 4282, 4283. "It was supplied by Dr. Simpson, of Aberdeen. I think it came from the calf."

Q. 4,284. "We used this lymph on the guarantee of Dr. Simpson, who was afterwards medical officer of Calcutta. Dr. Cory is not able to speak definitely as to its origin. The guarantee was that it was calf lymph, and had not passed through any human being."

Qs. 4,288, 4,289. This lymph has been given up, because "the vesicles produced by the lymph that we obtained from Dr. Dubreuille were better than those produced by Dr. Simpson's lymph."

Dr. Cory then described his duties as instructor in vaccination.

Q. 4,300. (By the Chairman.) "We have been told that besides the lymph distributed in tubes of the Local Government Board, some lymph is distributed on points which are received from you; how is that lymph obtained?" "That lymph is obtained from children at the station where we use human lymph."

Q. 4,202. "Will you tell the Commission how that lymph is put upon the points?" "The child's arm is pricked, and then, unless blood flows (we are always very careful not to take any blood upon the points), the points are dipped into the lymph that wells up in little globules, and the points are allowed to dry for ten or twenty minutes."

Q. 4,303. "In the ordinary air."

Q. 4,311. (By Sir James Paget.) "You spoke of the lymph being more or less good; is there any test of the goodness of the lymph except the kind of vesicle and scar which it produces?" "Of course I am only giving now my own individual opinion. *I believe that is the only test you can get.* There are also the microscopical tests which are used, and their tendency is, no doubt to cause the rejection of a great deal of good lymph." (*Post*, Q. 4,649.)

Q. 4,312. "Has it ever been observed that small-pox has prevailed in a district where one kind of lymph has been used, and not in another, where another kind of lymph has been used?" "Not that I know of."

Q. 4,313. "You cannot tell the difference between a child vaccinated with lymph from the calf and that from a child."

Q. 4,314. "Is the calf lymph that you have now at Lamb's Conduit Street, entirely derived from that one source that you speak of in France?" "Yes."

Q. 4,315. "With the exception he spoke of, they have never had it from any other natural cow-pox" (Q. 4,316) "except a source got last year from Gloucestershire, carried on for a short while side by side with the ordinary stock, and used in the vaccination of one or two children."

Q. 4,317. "Nor have you ever had it, I suppose, from a cow that had been variolated?" "No; some attempts of my own at direct variolation of the cow and calf were made elsewhere than at the station."

Q. 4,318. "Have you used lymph from a cow that had been inoculated with small-pox?" "I believe that was the origin of Simpson's lymph."

Q. 4,320. "From a cow which had been inoculated with

small-pox?" "Yes." Q. 4,321. "And then carried through several children?" "No; at first through the calf."

Q. 4,322. "From the cow to the calf, and then by successive removes from calf to calf?" "Yes; I should say that the lymph we afterwards used upon children *never produced anything but vaccine*. There must have been a great many children vaccinated from the lymph, and it never produced any other effect but vaccine."

Q. 4,323. "You mean by that the eruption?" "Yes; the places on the arm, and they were not small-pox. And there is no instance of contagion having taken place from one child to another at that time after the manner in which small-pox is propagated."

Qs. 4,324, 4,325. "Assuming this was a case derived from a cow which was inoculated with small-pox, and the lymph then transferred to the calf, and then from one calf to another, nothing was produced in children but the ordinary vaccinia. There never was any suspicion of other pustules about."

Qs. 4,327, 4,328. "He knew only by reading of any other case of the variolation of the cow. He had tried it himself, but has never succeeded in producing any vesicle on the bovine animal." (Q. 4,329.) "But he believes that Dr. Simpson's lymph was derived from a cow which had been inoculated with small-pox," and (Q. 4,330) "he never saw any mischief following."

Qs. 4,331-4. (By Mr. Savory.) "The statement that Dr. Simpson's lymph was due to the small-pox inoculation of the cow was made from notes taken by Dr. Murphy at the time of the information then obtained from Dr. Simpson, and witness knows of no other case of a similar experiment being performed successfully, except from general literature."

On the 4th of December Dr. Cory appeared before the Commission, and began by explaining much of his previous testimony; and with regard to this lymph obtained from Dr. Simpson, he reads the notes of his assistant, Dr. Murphy:

Q. 4,558. "On 21st of November, 1885, inoculated a calf with lymph on five points, supplied by Dr. Simpson, of Aberdeen. Lymph used had been taken from a vesicle which

formed on a cow's teat after inoculation with small-pox lymph from an unvaccinated patient."

"On 26th of November three of the five places of insertion have some *appearance* of vesiculation."

"Calves and children inoculated from these appearances developed normal and well-formed pearly vesicles."

Q. 4,564. (Dr. Collins.) "In the notes of Dr. Murphy, which you have read, there is no statement as to the actual experiment of inoculating the cow with the small-pox; could you tell us who performed that experiment, and where?" "It was performed by Dr. Simpson, in Aberdeen." Q. 4,565. "By himself."

Q. 4,566. "Is that stated in these notes?" "No; it is not."

Q. 4,567. "That has been separately ascertained?" "I believe so." [*Credo quia impossibile*.—ED.]

Q. 4,568. "Has any publication of the experiments which led to the raising of this stock of lymph been made?" "No; I do not believe it has been published at all."

Here, then, we have the Dubreuille lymph, said to be from a case of "*spontaneous*" cow-pox (declared by Jenner to be spurious), and a lymph *said to be* produced by inoculating a cow with small-pox; both used indiscriminately as "calf lymph," both said to produce vaccine (Q. 4,322), and, as will be seen presently, the Dubreuille lymph, from which the British calf lymph is chiefly derived, has been discontinued in France, because of doubts as to its genuineness; of all which, however, Dr. Cory had never heard, nor made any inquiry concerning it. (Q. 4,586 and subs.)

To return to the proceedings of the 27th of November, Dr. Cory, still under examination of Mr. Savory:

Q. 4,335-6. "Whether a child was vaccinated with lymph obtained directly from the calf, or with lymph obtained from another child, witness would be unable to distinguish the difference." "The result is practically the same."

Qs. 4,337, 4,338. "Dr. Cory has vaccinated a little under 50,000 children, and, in his opinion, it was a matter of comparative indifference which lymph was used."

Qs. 4,339, 4,340. "He has no choice, and thinks it a matter of absolute indifference" (see *post*, Qs. 4,590, 4,591, 4,592, 4,598, and 4,601.)

Q. 4,342. "Has often heard that when a child is vaccinated directly from the calf, the results are more severe than when it is vaccinated from another child, and thinks that the reason is, that the calf lymph generally used in England has been got from Dr. Warlomont,* and that he takes his lymph on the eighth day. The lymph, when you take it late from the calf, produces inflamed vesicles."

Q. 4,344. "Considers the best time for taking lymph for vaccinating to be on the eighth day from a child, and on the fifth day from a calf."

Q. 4,345. "Supposing that the operation is delayed (as it very often is perhaps to the ninth day), do you think that the lymph deteriorates materially in the 24 hours?" "I am desirous of protecting lymph from organisms that may get access to it. I am now speaking of calf lymph. When a cow is vaccinated there is a lot of straw about, and from that foreign organisms may get upon the lymph and give rise to abnormal results. So I would not risk the rupture of a vesicle."

Q. 4346. "So far as the lymph is concerned that would not make a material difference?" "No."

Q. 4,673. Quotes Q. and A. 4,345.

Q. 4,674. "What results do you apprehend are referable to the organisms which are derived from the strain?" "When the vesicle is rubbed and the organisms get entrance into it, you might get suppuration of the part."

"Q. 4,675. "Are we to understand you as offering that explanation of the inflammation of the vesicles occurring in the use of lymph taken later than the fifth day?" "When the vesicles are older than the fifth day they have a greater tendency to be broken by the animal lying down, and when the head of the vesicle is rubbed off, the organizations have opportunity of entrance; but the vesicle is always washed with a disinfectant

* Warlomont lymph is *claimed* as the origin of the New York lymph.

lotion before we take the lymph, *organisms are not in the vesicles then.*"

Compare this "opinion" with the *facts*, as *observed* by Dr. Crookshank and described in his evidence. He found that *none* of the "pure lymph" of the Local Government Board was free from *pathogenic bacteria*.

The same was found to be true of American (pure) lymph, by Dr. Walter Reed, U. S. A., a believer in the virtues of vaccination.

Q. 4,347-9. The reasons for taking the lymph from the calf on the fifth day and from the human subject on the eighth, are because the changes are more rapid in the vesicle in the calf than in man, and that the temperature of the calf is one degree and a fraction higher than that of a human infant, which hastens the changes in the vesicle. This is not a matter of inference, but of observation.

Q. 4,350. (Prof. Michael Foster.) "The whole thing goes on more rapidly in the calf?" "It does."

Q. 4,351. "There are other differences to be considered in the calf besides temperature which may also have to do with this."

Q. 4,353-6. "The L. G. B. lymph is a different strain from Warlomont's. Warlomont's came from Italy; it was brought by Lanois from Naples."

Q. 4,357. "Do you know that your strain will, as you say Warlomont's does, produce more inflammation if the lymph is taken on the eighth day?" "I do not insist upon that. I have used Warlomont's lymph and I know that that does produce inflamed arms."

Note here and in numerous other parts of the testimony of Dr. Cory and of the other vaccinal witnesses the callousness to the suffering inflicted upon little children—*always mark the children of the poor*, which the above remark illustrates. Warlomont's lymph was used—the *experiment* was tried—upon whom? and *inflamed* arms were produced. That is, painful arms.

And yet in Great Britain, as in New York and other States of the Union, societies exist which arrogate to themselves the name of societies for the *prevention* of cruelty to children! Is there

any cruelty which has come to their notice equal to that of causing "inflamed arms" to millions of little children—producing ulcers upon them by inoculating them *with the putrefying matter of a sore*, often wrecking their lives, whereof one of the many thousands of instances is here produced? And yet not one of these societies with pretentious names and aristocratic managers

has ever made the slightest effort to stop these cruelties to children!

This is a portrait of John Pfänder, a child of healthy Swiss parents, born 23d September, 1875, was healthy until vaccinated. Was a sturdy and beautiful child, as were also his four brothers and sisters; he walked at the age of nine months.

On the 16th June, 1876, he was vaccinated by the official vaccinator. Eight days later his feet began to swell, abscesses formed, his teeth began to rot, his glands to swell. Fistulous sores

appeared on his hands and feet. The above photograph was taken in May, 1882. He could neither walk nor stand; several of the bones of his hands had rotted out.

It was such cases as this and the spirit of liberty, not yet dead in Switzerland, which led that freedom-loving people to reject on a referendum, the infamous system of blood-poisoning, ycleped vaccination, which a medical clique was seeking to impose upon them.

When will the good sense, parental affection, and love of



liberty of Americans rise to the level of that of the brave burghers of Switzerland?

There are thousands of such cases in this country.

Q. 4,360. "In your case you do not find that amongst the infants vaccinated with calf lymph there is greater inflammation, or greater tendency toward untoward results, such as ulceration, than with humanized lymph?" "I do not believe you would, at *the date of inspection*, tell the difference between the effects of the humanized lymph and the calf lymph," and (4361) "that has been the case from the beginning." (See *post*, 4491.)

Q. 4,363. "Of the witness' own vaccinations over 15,000 have been performed with humanized lymph, and about 32,000 with calf lymph."

Qs. 4,364-5. The calf lymph has been going on since 1881, and it was begun in 1882 with the seventeenth remove from the (so-called) spontaneous case.

Qs. 4,367-8. A description of that case was given by Dr. Herrineux, in the *Weekly Gazette of Medicine and Surgery*, of Paris, on the 20th of January, 1882. (See *post*, 4,578-9.)

Qs. 4,369-70. His experience leads him to reject the view that lymph taken from the cow leads to greater inflammation and has a greater tendency to produce ulceration than lymph which has been humanized. (See *post*, 4,491.)

Witness presents the number of cases of calf-lymph vaccination at the calf-lymph station from 1882 to the end of September, 1889, being altogether 32,000.

Each parent receives two cards, specimens whereof were produced. The red card is given on the day the vaccination is performed, and the black is given on the day week. As to the red card see *post*, 4,509-11. On the black card is this direction :

"If, as sometimes happens, owing to the child's state of health the arm does not heal up readily, the child shall be brought back to the station."

Q. 4,372. "No cases were brought back till 1884 to 1885."

Q. 4,373. The cases then brought back were calf-lymph cases. "Between 1884 and 1885 there were 2,901 cases, and 22 cases were brought back. From 1885 to 1886, out of 4,054

cases, there were 37 brought back with complaints. From 1886 to 1887 there were 5,591 cases, and 64 were brought back. Between 1887 and 1888, out of 6,151 cases, 80 were brought back. From 1888 to 1889 there were 7,067 cases, and 60 were brought back. From April, 1889, to the end of September, there were 4,330 cases; 60 were brought back with complaints. So, out of 32,000, the number brought back for complaints was 1.009 per cent."

Qs. 4,374-5. "We have no similar table for human lymph."

Q. 4,376. "Were any of these cases serious ones?" "I classify them thus: Sore arms, eruptions, erysipelas, and axillary abscess. Out of the 323 cases brought back, 260 of them were for sore arms, unhealed arms."

Q. 4,380. *There was some induration* in that class of cases.*

Q. 4,381. (Chairman) "Could any of these cases have arisen, from the way they had been treated, from rubbing off or want of care?" "The majority of them are occasioned by the mothers putting on applications which they had better not put on. There is 'Lion's plaster,' for instance. I do *not know what* it consists of; that is a favorite method of treating vaccine vesicles. You would be astonished to see the hideous stuff some people will make up in a pot and put on to the places; *they cannot let the vesicles alone.*"

That is to say a mother cannot see her child suffer without making some effort to relieve its pain. Is any stuff they put *on more* "hideous" than the *putrefying matter of a sore* which the doctor has put *in*?

Q. 4,382. (Professor Michael Foster.) "To the best of your belief, if those arms had been properly treated they would have healed up in due time?" "Yes, in the great majority of such cases they would have healed up in due time if they had been left alone."

How does he know that? He has not even taken the pains to find out what the poor mothers' "favorite method of treating vaccine vesicles, Lyon's plaster," consists of!

* It is well to bear in mind *that this is one of the characteristics of the syphilitic chancre. Never of small-pox.*

Q. 4,383. (Sir James Paget.) "You ascribe the sore arms to the treatment, rather than to the vaccination?" "Yes."

Then 38 are returned for eruptions of various kinds. (See *post*, Q. 4,704.

What kind of scientific intellect is this which attributes a result to a "treatment" of which he knows nothing, instead of seeking the cause in what he knows to be the *putrefying matter of a sore poured into the blood*, and which in the hands and under the watchful eyes of the highest vaccinal authorities has produced the very results he now ascribes to this "treatment" whereof he avows he knows nothing.

Q. 4,384. (Prof. Michael Foster.) "Is there anything special about those eruptions?" "No; eczema and lichen."

That is, diseases occasioned by a diseased condition of the blood, they are common secondaries to syphilis.

[See *Wilson on Skin Diseases*, Chap. XVII, Syphilitic Eruptions; pp. 801-803.]

Q. 4,385. "There is one eruption Dr. Cory thinks peculiar to vaccination—something between an urticaria and an eczema. Little blisters are formed on the surface of the skin. Has seen children have it very severely.

Q. 4,387. The child may have a return of the eruption during dentition.

Q. 4,390. "Out of the 32,000 cases there were 260 with sore arms, and 38 with eruptions. Then there were 16 cases of erysipelas and 9 of axillary abscess."*

Q. 4,392. (Mr. Savory.) "These were attacks; were there any deaths?" "Eight deaths were reported to the station of children who had been vaccinated. The first one was vaccinated March 3d, 1885, and the date of death was March 9th, 1895, the death being certified as convulsions. In the case of the second death the child was vaccinated on the 28th of April, 1885, and died on the 12th of May, from confluent small-pox; it was vaccinated late in the incubation period of the small-pox; the small-pox appeared about the fifth day after vaccination."

* It should be remembered that according to Jenner erysipelas was essential to a successful vaccination. If there were no erysipelas the cow-pox was "spurious."

Q. 4,393. "That could not be ascribed to vaccination?"* "No. These are the eight cases of death reported to the station, and vaccination was accused of the death in each of the cases."

With reference to Q. 4,390 see *post*, Q. 4,686.

Qs. 4,395-6. "As to the next death, the child was vaccinated on the 13th of August, 1885, and died on the 10th of October. I heard from Dr. Webb that it had died, and that death was attributed to vaccination, but I did not ascertain what it had really died of."

Q. 4,397. (Prof. Michael Foster.) "The cause of death is not stated. No. Then in the next case the child was vaccinated on the 2d of February, 1886, and died on the 8th of February, 1886. That was from inflammation of the bowels. Of course the mother very often, when a child dies, blames vaccination for doing that which vaccination has no business to be blamed for.† * * * Then in the next death the child was vaccinated on the 23d of November, 1886, and died on the 7th of January, 1887, from cellulitis *that may have been from vaccination.*"

Q. 4,398. (Sir James Paget.) "Do you know anything of what occurred intermediately between vaccination and the occur-

* Why not? Wilson says (*ubi supra*, pp. 96, 97): In very severe cases the period of incubation is short; in the milder forms, on the contrary, it is long. The limits commonly assigned to this period are from 5 to 20 days. There can be no question as to the severity of this case, for the child died, and Dr. Cory says the small-pox appeared about the fifth day after vaccination; that would give vaccination as the starting point of the disease; five days for the period of incubation, and nine days for invasion, eruption, suppuration and DEATH. Nor is the statement that the child "was vaccinated *late* in the incubation period," deserving of respect, for in such case the child would have exhibited symptoms of ill-health at the time Dr. Cory vaccinated him, which, under the rules of the Local Government Board, to which Dr. Cory, above all persons, must be supposed to have given close obedience, would have prevented its being operated upon at all.

† And the mother knows best. Her child is healthy; it is made sick by having inserted into its blood the *putrefying matter of a sore*; it continues sick; its vitality is lowered, and among the infinite variety of forms which the artificially-produced sickness may take, inflammation of the bowels is one. The child dies, and the mother *knows* that vaccination killed it, in spite of all the euphemistic rigmarole with which the vaccinists may seek "to preserve vaccination from reproach." (See letter of Dr. May in the Birmingham (England) *Medical Review*, January, 1874.)

rence of the cellulitis?" "No. I made inquiries. I could not acquit vaccination entirely of the death in that case. Then in the next death the child was vaccinated on the 5th of April, 1887, and died on the 12th of April, 1887, from *convulsions*. Then in the next death the child was vaccinated on the 8th of October, 1889, and died on the 1st of November, 1889. That was from erysipelas, and in the last death the child was vaccinated on the 22d of October, 1889, and died on the 20th of November, 1889. That was from convulsions. I investigated these two last cases myself. I did not see the child that died of erysipelas. The erysipelas began in the second week, and seems to have proceeded from the vaccination wound. The other case *was merely a case of convulsions, which might have occurred from bowel complaint, not from vaccination at all.*"

Dr. Cory seems to regard the human organism as made up of separate parts, any one of which may get out of order and be repaired without affecting the rest of the machine.

Q. 4,405. (Prof. Michael Foster.) "Do the facts show that your calf lymph, which has never been humanized and has descended, to the best of your knowledge, from a case of spontaneous cow-pox, does not, supposing the lymph to be taken on the fifth day, give rise to any unusual inflammation or any unusual bad results?" "Yes, as compared with standard arm-to-arm lymph, this is what the facts do show." (See *post*, Q. 4,491.)

Q. 4,417. "There is a difficulty, is there not, in extracting the lymph from the vesicle of a calf, as compared with a human vesicle?" "Yes, we have to use clamps." Is the Society for the Prevention of Cruelty to Animals asleep, or are its directors hypnotized by the grandeur of the official calf-torturers?

Q. 4,423. "Do you get clear lymph in that way, free from blood?" "No; it is always mixed with blood, more or less."

Qs. 4,435-9. Dr. Cory has attempted bovine inoculation five times without success. He got papules similar (he believes) to those got by Dr. Chauveau.

Qs. 4,446-9. He does not believe that any children under ten years of age are insusceptible to vaccination. He has always succeeded in vaccinating children reputed insusceptible.

Q. 4,451. (By the Chairman.) "There were 22 cases in 1888 out of 5,005, in which he failed the first time, and afterwards succeeded, and that is about the proportion in all."

Q. 4,455. (By D. Hutchinson.) "Dr. Benner is the owner of a private calf-lymph establishment. He takes his calf-lymph on the fifth day."

Qs. 4,457-9. "He (Dr. Cory) has met with some cases in which the sores took three weeks to heal."

Qs. 4,460, 4,461. "He would expect to find enlargement of the axillary glands--a common consequence of vaccination. He has seen axillary abscesses in nine cases." *

Qs. 4,462, 4,463. "The eruption occurring sometimes after vaccination does not always keep to the type described (*supra*, Q. 4,385). There are considerable varieties in the eruptions following on vaccination." *

Qs. 4,465, 4,466. "He does not remember Dr. Gregory's description of it. It is usually vesicular, sometimes on the backs of the hands and feet."

Q. 4,467. "When what you call a lichen eruption comes out without a vesicle, do you consider that vaccinia eruption?" "It is provoked by vaccination. Or, to take another instance, you may get a syphilitic eruption in a child after vaccination, seen on the tenth day. You never ascribe a secondary rash of syphilis appearing after only ten days to an inoculation. * * * Vaccination being a cutaneous irritant, it has produced an eruption in an already diseased child; that, no doubt, is the reason of syphilis appearing so early after vaccinating, just in the same way as a person playing foot-ball gets a kick, and the (syphilitic) node. I look upon a perfectly normal skin as not being affected by vaccination; it is only the tender skin that gets a lichenous or other rash after vaccination."

Q. 4,662. (Dr. Collins.) "* * * Would that explanation apply to all syphilitic eruptions that followed vaccination?" "Unless the syphilis was conveyed by the vaccination; but then

* In syphilis we have buboes: That is, abscess in the packets of glands nearest to the place of infection.

you would not get the syphilitic eruption appearing on the tenth day after the vaccination."

Q. 4,663. "So that that explanation only applies to those recent cases in which the eruption follows within a week or two after the vaccination?" "Quite so, to cases of inherited syphilis."

Q. 4,468. (Mr. Hutchinson.) "A true vaccinia eruption has nothing to do with the health of the child?" "No; *not as injuring the child!*"

Q. 4,469. "What precautions do you recommend to be taken as regards the protection of vaccination sores?" "We would rather not do anything to them."

Q. 4,470. "Are no instructions given to the parents of the child as to what should or should not be done?" "We tell them not to use shields, and recommend them to put upon the sores a little clean piece of linen rag."

Q. 4,476. (Still by Mr. Hutchinson.) "I take it that there were only eight deaths that you know of in the 32,000?" "Yes."

Q. 4,482. Dr. Cory does not think that a syphilitic taint has been the cause of sore arms or of abscesses in the axilla.*

Qs. 4,483-8. (By Mr. Whitbread.) The rule as to rejecting lymph because of the presence in it of blood does not apply to calf lymph, Owing to the method of obtaining it by means of clamps, which are employed of necessity, most of the calf lymph contains blood.

Qs. 4,489-90. He believes that the number of sore arms is greater in vaccination from calf lymph than from humanized lymph; but he has not ascertained the number brought back with sore arms after the use of human lymph.

Q. 4,491. Dr. Cory repeats his impression (in answer to Mr.

*As the annual vaccinations in England and Wales range from about 400,000 to about 700,000, take 550,000 for an average, and we should have innocent victims to the number of 136 yearly put to death by vaccination. Suppose, now, 136 persons were to be yearly offered up as sacrifices to propitiate some deity and to secure its protection from some one disease, what would we think of the enlightenment of the people perpetrating such acts? In reality, the number thus offered upon the altar of the God cow-pox is far greater than are borne upon any official returns, while the number whose lives are wrecked by inoculated disease, or who have their vitality lowered by the sepsis of vaccination, is incalculably greater.

Meadows White) that you get more sore arms after using calf lymph, but states there has not been the same care in registering the cases.

Qs. 4,492-3. (By Mr. Whitbread.) Is of opinion that organisms get into calf lymph after the vesicles are broken, and regards the eighth day as too late to take lymph from the calf. He has never subjected lymph taken on the eighth day to microscopical examination.

Q. 4,494. His opinion is based upon the fact that there are a lot of organisms in hay and straw, and as time goes on, those elements which it is desired to avoid have increased opportunity of access to the lymph.

Q. 4,495. There is the fact, as a condition of calf lymph that the calf is of a higher temperature.

Qs. 4,495-6. "If there was a considerable difference in calf lymph on the eighth day as compared with the fifth, would it probably show itself under the microscope?" "I do not know."

Q. 4,498. (To the Chairman.) It is a matter of observation that the vesicle has progressed further on the eighth day in the case of the calf than in the case of the human subject.

Q. 4,501. (To Prof. Michael Foster.) The calf on the eighth day has about reached the same stage as that reached on the twelfth day in the child.

Q. 4,502. (To Sir James Paget.) The more irritating effects of vaccination are produced by later takings of the lymph, and (Q. 4,503) the more quickly the cycle which reaches to a perfect vaccine vesicle is finished the more mild is the lymph produced. The calf lymph taken at the fifth day is as effective and less irritating than calf lymph taken on the eighth day.

Q. 4,509. (Mr. Whitbread.) "I see this statement at the foot of the red card :

"Nurses of small-pox hospitals are always re-vaccinated before commencing their work. This has been the rule for over fifty years. None of them have taken small-pox since this rule has been observed." Does that mean that no nurse at a small-pox hospital has taken small-pox for the last fifty years? That card gives the Highgate Hospital experience and was issued with-

out reference to the Asylums Board Hospitals. I do not know how the final 's' came to be inserted."

Q. 4,511. "Nurses of small-pox hospitals are always vaccinated before commencing their work. This has been the rule for over fifty years. None of them have taken small-pox since this rule has been observed." That would convey to my mind that no nurse for the last fifty years in one of the small-pox hospitals has taken small-pox. "If they have been re-vaccinated and the re-vaccination has been completed before a nurse goes on duty, I believe your impression expresses the fact."*

Q. 4,554. (Chairman) "We understand that you desire to make some explanation or correction of your former evidence?" "Perhaps I may be allowed to say one or two things in the way of correction with regard to the evidence that I gave last Wednesday. I should like first of all to hand in these four cards. I may explain how the word 'hospitals' was introduced into the card instead of 'hospital.' It was originally printed 'hospital,' but through my oversight in looking over the proof of a reprint of the card I quite inadvertently let the 's' stand.

"This is the last printed card and the only one of the whole series that contains the plural 'hospitals.'"

Q. 4,555. "In the earlier card the reference was exclusively to what is known as the Small-Pox Hospital at Highgate, which is the only small-pox hospital that has existed for any great length of time?" "Yes, quite so."

Q. 4,556. The statement in the card would be true of the Small-pox Hospital at Highgate, and of all the London small-pox hospitals, *if you deduct all the cases that were vaccinated too late.*

*"Quackery has always one shuffle left," was the remark made by William Cobbett with regard to Edward Jenner and his repeated excuses for failure after failure to "protect." It will be as well to give here the further "explanation" of Dr. Cory; given on the 4th December, 1889.

REPERTORY OF THE BACK.

E. H. WILSEY, M. D., PARKERSBURG, W. VA.

(Continued from page 493.)

Eruption on back, aching like a sore, Bry.

— on back like zoster, CIST-C.

— of pimples on back, Dig.

— of backache, with suppressed eruption, Psor.

— pustular on back, AURM-NAT.

— much itching, with eruption on back, Bar-c.

— itching on upper part of back, Lyc.

Erysipelatous. Broad belt of erysipelatous inflammation extending across from point of right shoulder to upper part of left arm, APIS.

— inflammation extending from back like a girdle around abdomen, MERC.

Evening. Drawing in back while sitting down in evening, Tereb.

— chilliness over back nape and occiput toward evening for ten days, with a sensation like horripilation, Dulc.

— drawing pain in back in evening, Nit-ac.

— pain in back in evening, extending down thighs and legs, Still.

— pains in back, worse evenings, NAJA.

— bruised pain in small of back from morning till evening, better by going to bed, Nat-s.

— insupportable backache toward evening and on arising from a seat, ARS.

Evacuation. Stitch in small of back, better by an evacuation, Indigo.

Excoriated. The skin on left side of back pains as if excoriated. Petrol.

Exertion. Pain, as after excessive exertion in back, Chel.

Exhaustion. As after hard work, especially in back, Apis.

Extending. From other parts to back, pains, SEP.

Faint feeling while standing in back, SEP.

Fall. She feels as if the muscles of back were not strong

enough to support the body which always tends to fall forward, Am-c.

Fall. Pain as from a, on dorsal vertebræ, Ruta.

— pain in back, as after a fall, KALI-c.

Falling. Unable to hold urine after being struck on back by falling from a wagon, HYPER.

Fatigue. Tensive pressure, like severe fatigue, from right scapula, extending into side of back, even to sacrum, also early in bed, but especially while driving, Kali-c.

— pain in small of back, as from fatigue, Aur-m.

— pain in back, as from fatigue, especially after eating, and while sitting, Ant-t.

Feet. Backache extending into feet, Borax.

— lies in bed on back with feet drawn up, PULS.

— lies on back with feet crossed, Rhod.

— violent cramp in back and in feet, Iod.

— shuddering over back extending into feet and arms, Calc-ars.

— chill in back at 3 P. M.; still worse in evening after lying down for a quarter of an hour, with cold feet, without any heat or sweat following, Lyco.

— pain in small of back while lying on back, with great weariness going down to feet, LYCO.

Fever. Intermittent, with pain in small of back, LACH.

Finger. Painful stiffness of small of back and of finger-joints, which she could hardly bend, MANG.

Flashes up back, with stool, Podo.

Flatus Drawing in lower part of back, as from incarcerated flatus, Nat-c.

— pain in small of back, with incarcerated flatus, Amm-m.

— pain like a drawn and beaten sensation in back then extending into small of back, thence to abdomen, where there is flatulence with pain, then discharge of flatus and leucorrhœa, Caustic.

— pain in back, as from incarcerated flatus, Amor-s., Calad., CALC-c.

— severe pain in small of back from within outward, as if bruised; pain appears at 5 A. M., and is better by moving about, and by passing flatus, Ruta.

Fleas. Crawling in back, as from fleas, Pallad.

Flesh. Sensation as if flesh was torn loose on lower part of back, Lyc.

Flushes of heat or currents of cold air down back, Cof-crud.

Formication. In back, PHOS., NAT-C., Rhod.

— up and down left half of back, Euony.

— in back and small of back, Phos-ac.

Fracture. Tearing and pain, as from a fracture in scapula, with stiffness of back and nape, Nat-m.

Fright. An undulating shock in back above the left ileum, causing him to start with fright, Stann.

Furuncle on back, Caustic, Zinc., Graph. (See boils.)

Fullness in back after eating, Cham.

Gaping. Drawing in back with gaping, stretching and bending backward; worse evening and morning on getting awake and moving about, Cal-ph.

Genitals. Spasmodic drawing from behind forward into genitals or down into thighs, KREOS.

— great pain in back, sometimes extending through abdomen to front and into genitals, CHAM.

Girdle. Sensation in small of back and about hips while stooping, as from a girdle, Gentia.

— erysipelatous inflammation extending from back like a girdle around abdomen, MERC.

Gliding. Sensation as if the vertebræ were gliding over one another when turning in bed, Sul.

Glow on back after chilliness, Ars-hyd.

Gnawing pain in small of back, Sul., Nicol.

— pain in back, Alumina.

— pain in small of back and hips, going thence to abdomen and back again, both in rest and in motion, Amm-c.

— in A. M. and night, all her limbs ache with a gnawing pain in small of back, more while at rest than when in motion, Amm-c.

— about an hour after eating dinner drawing pain in stomach and a gnawing extending to back, where it is most acute, then great exhaustion and lassitude, Sep.

Gnawing, violent pain in small of back like a gnawing, drawing up between the shoulders, where it becomes so violent she feels like weeping, Alum.

— in back, Agari., Alum., Amm-c.

— in lower part of back, worse after going to bed, Naja.

— tearing down back, with feeling in bones as if dogs were gnawing them, Nat-s.

— pressing and tearing in back while walking after rising from a seat, Canth.

— severely itching rash on the nape, the back and thighs, always worse and more gnawing after scratching, with pricking as from needles, Mez.

Grasping, pinching in stomach, which contracts the chest, with grasping together of back, awakening her in morning from sleep, Con.

— attacks twice daily, at first a drawing in back like a grasping in dorsal, sides below ribs extending around into stomach, where it turns about and disappears as with an eructation, Nit-a.

Gripping, now in dorsal and now in abdominal muscles, Peonia.

— in right side of back, Sil.

— in back during menses, CALC-c.

— contraction in back with sensation of coldness, gripping, and sore feeling, Con.

— pressing in back opposite bowels, then oppressive stitches on least motion or breathing, so that he had to walk bent, when standing still a gripping as from a malignant ulcer and with oppression of chest, Arg-m.

— and twisting in small of back, as from tongs, then pain in arms and feet, as if they would turn outward, Graph.

Groins, pains in both groins and back, Lyss.

— pain in small of back, going to groins and down limbs, Plat.

Grumbling and throbbing sensation in lower part of small of back, Bar-c.

Hammer, when stooping a sudden pain in back as if struck by a hammer, better by pressing back against something hard, Sep.

Hard pain in back, is better by lying on something hard,
NAT-M.

Head, pain in back of head and limbs, MERC-C.

Headache, pain in small of back at 6 P. M., with headache,
Cobalt.

— and backache, LYSS., CINA., PHYTO., KALI-C.

— as if cold water was poured down back, with headache,
Alum.

— and weak back in the morning, Pallad.

Heart, lying on back relieves pain in heart, Tell.

— beats quickly and strongly when lying on back, Ars.

— a sinking sensation going from heart to back, Lyss.

— sticking in back opposite heart, Spig.

Heart-burn, burning in back near last ribs, right side, like heart-
burn, Lyss.

Heat in general in back, GLON., DULC., PHOS., ACO., PODO.,
ALUM., BERB., CAMPH., CALC., Nitr-sp-d., Ver-v., Agari.,
Cocoa, Merc-per., Coff., Ars-h., Apis, Hyos., Med., Sarrac.

— and burning like burning heat on back, Apis.

— frequent rising of heat from the back into the head, with red-
ness of face in P. M. while sitting, Phos.

— feeling of intermittent heat rising up back, PHOS.

— much heat in lower part of back in renal region, PHOS.

— cannot tolerate any heat near back, Phos.

— sensation of heat all over body especially on thighs and on
back, Stann.

— extending from neck down back, Paris-q.

— back is cold while there is dry heat in sacrum and thighs, SUL.

— flushes of heat or currents of cold air down back, Cof-cr.

— burning in left chest through to back with cough, Oleum-jec.

— sudden on whole back while sitting down and soon after fol-
lowed by perspiration, with very much contracted pupils,
Mang.

— sensation of heat down the back in the morning, Con.

— after sensation of heat tearing pains across small of back,
with fullness of joints of legs, extending to all parts of body,
Ham.

Heat, a thrill of heat with drawing pain from nape of neck over back, Nat-c.

— pain and beating in small of back, Lac-can.

— sensation of heat in the whole body especially in the back, where she imagined she perspired, Zinc.

— at night, first sweat on back, causing him to wake up at 4 o'clock then dry, internal heat, with uncomfortableness so that he cannot go to sleep again, Petrol.

— on cheeks and flushes of heat on back in the evening while walking in open air, Phos-ac.

— in face and perspiration on forehead, with heat on chest and back, combined with needle pricks from within outward, most frequent and severe in the neck, Sarsa.

— aching in middle of back with flashes of heat, Lappa.

— flashes of heat in back, Merc-peren.

— violent fever with chill in back; he cannot get warm, and yet has internal heat, Nit-ac.

Heaviness in back; worse by sitting; better by motion and pressure, ALOE.

— in morning almost as if asleep, SEP.

— in back in morning as if he had lain in wrong position, and weariness if he had not slept enough, Sul.

— in small of back, Coloc., Pic-ac.

— and pressure in small of back, as if one had received a blow while sitting, RHUS-T.

— in back with tightness of chest, Carbo-v.

— drawing in back with heaviness of arms, Carbo-v., Ant-t.

— in back, Petrol.

— and weariness in back while lying down, Phos.

— in back with dyspnœa, NAT-M.

— in back in morning on waking, as if she could not turn nor raise herself, or as if she had lain in wrong position, almost as if parts had gone to sleep, Sep.

— and weight in back from womb and ovaries, CON.

— of head, with weakness of cervical muscles, COCCUL.

— pressure in small of back, with leaden-like heaviness of lower limbs, CAMPH.

Heaviness in back in morning on rising and in lower limbs, Sul., Sep.

— feeling and stiffness in lower part of back, Zing.

— in back ; better by expulsion of gas, Berb.

Hemorrhage. Pain in back, with uterine hemorrhage, Trill.

Hemorrhoidal. Lame back, with very painful, dark-purple, hemorrhoidal tumors, ÆSC-GLAB.

Herpetic spots on back and chest, itching in evening, Sul.

— small herpetic itching spots on both sides of the neck and on small of back, Lyco.

Hips. Pain in small of back and stitches in both hips and in left chest at night, Lyc.

— pain in small of back extending to right hip, Pallad.

— pain in back just above hips, NUX-M.

— pain in back and hips and dreads insanity, Lil-tig.

Horripilation. Chilliness over back, nape, and occiput, toward evening for ten days (with a sensation like horripilation), Dulc.

Hot sensation down back, GLON, Sul.

— sponge near back causes him to wince, PHOS.

— water, internal chills for several P. M.'s, for half an hour or so, and at times sensation as if hot water was in scrobiculus cordis and in the back, Phos.

Humped. Sensation as if she would be hump-backed if she did not wear stays to support weak feeling in middle of back, Raph.

Ice. Drawing in limbs and back with great coldness even in back as if she lay on ice for two hours, Lyc.

Icy cold hands and coldness in back, CACT.

— chill from 6 to 7 P. M. with icy cold feeling on back, she found it hard to get warm, Mur-ac.

— first some chilliness down back, with icy cold hands, then intense heat, with distension of abdomen, Sil.

— in back between shoulders in a spot where former pain had been only internally and not to be warmed either by feathers or wool ; after half a day the cold turns into itching, Amm-m.

Incarcerated. Pain in small of back, could hardly rise from seat, with watery, bloody discharge from vagina ; from incarcerated flatus, CALC-C.

Incurvation and swelling of vertebræ of neck and back, CALC-ARS.

Inflamed. The left side of the back is painful as from pressure on inflamed spot, Nat-m.

Inflammatory pains intense all through back, Ox-ac.

Inflated. Pressure at night in the internally inflated abdomen, worse by other than position on back, with compressed breath and quick pulse, Mez.

Injury, stiffness on back as from an injury, PRUNUS-SP.

Inspiration, pain in eighth dorsal vertebræ and in back under short ribs ; worse by motion and deep inspiration, LOB-C.

— rheumatic tension in back and in right side of chest ; stronger on inspiration, Lyc.

Internal chill for several P. M.'s for half an hour or so and at times sensation as if hot water was in the scrobiculus cordis and back, Phos.

Intolerable sharp pains rendering motion when not in an erect position intolerable, Tereb.

— pain commencing early in morning before arising, in lower part of back, right side, extending to gluteal region and lasting all day, Cactus.

Inward, pain in back which makes him bend inward, with heat in evening disappearing in morning, Jambos.

Itching, burning and sticking pain in small spot of back ; worse after scratching, Jambos.

— and burning pain in back, Mag-m.

— shooting pain in middle of back, ceasing when rubbed, Mang.

— severe itching pain in small of back ; worse from motion, COLOC.

— intense in back, and pain after scratching, NIT-AC.

— acne on back, Carbo-an.

— all over body, face, hands, hips, abdomen, back, and feet, SEP.

— all over back, Nit-ac.

— pimples on small of back, Niccol.

— in middle of back ; better by rubbing, Mang.

- Itching**, small dry red pimples on back, breast and arms, at first itching, Iod.
- quickly arising here and there on the body, back, arms and pubic region, and even on the scalp, Phos-ac.
 - stitches on back, Sul.
 - severe on back day and night, Bar-c.
 - on small of back and between nates; must scratch it raw, BAR-C.
 - and tingling formication in whole back, Nat-c.
 - tickling on whole back, Agari.
 - violently on back, Lyco., Nit-ac. (for fourteen days ANT-CR.)
 - on walking sticking at every breath, Sul.
 - on back when undressing, NAT-S.
 - violent on back, lower limbs and nates in evening in bed, with wheals after scratching, which soon pass off again, Lyco.
 - on back and thighs she must scratch; Nat-m.
 - and red blotches on back, Asclep-tub.
 - and burning in back, Agari.
 - and burning on face, on the back, and on the head, Kali-c.
 - burning down back, Daphne.
 - much on back and on calves, CAUST.
 - on back and shoulders as from crawling insects evenings on going to bed, Osmium.
 - by day on back and arms, Graph.
 - in right dorsal muscle, Spig.
 - corroding in back by day, Guaj.
 - in back, Sil., Sul.
 - herpatic spots on back and chest in evening, Sul.
 - over right hip in back, Iod.
 - on back, Spong., Cist-can.
 - on back edge of shoulder and nape of neck, Therid.
 - and perspiration on back, Phos-c.
 - of the back and sometimes perspiration, Caust.
 - eruption of pimples on back with itching in evening in bed, Nat-m.
 - and itching pimples on back, Calc-c.
 - violent on back toward neck, Lyco.

Jerks. Spasmodic, painful jerks in left side of back, Agari.

Jerking. Violent pain in small of back in raising the thigh when sitting, Agari.

- painful in small of back on various motions, Petrol.
- in muscles of left side of back, Carbo-v.
- head backward while lying on back, HYPERI.
- drawing in cervical muscles near nape of neck, extending downward in evening while lying on opposite side, Viola-odo.
- sensation in back and nape extending toward head, Nat-m.
- tearing in small of back, especially on moving, Alum.
- in back and left arm with vertigo, blackness before eyes and falling down, Diadema.
- tense feeling in small of back, worse going up stairs, with occasional jerking toward hip-joint, Carboneum-s.
- like electric shocks in back, Ang.
- in muscles between shoulders; better moving shoulders up and down, Ran-b.
- stitch-like in small of back when walking, extending toward hip rather than upper part; gets worse by sitting or standing, FER.

Knee. Weakness of knees and legs, with pain in small of back, NUX-M.

- lies on back with knees drawn up, MERC-C.
- deep shooting in cardiac region, extending to axilla and back, with shooting in thigh, extending to the knee when sitting, ceasing on rising up in evening, Mur-ac.

Kink. Sudden catch or kink in back, SEC.

Knife. Lancinating stitches, as from a sharp knife in back through loins, extending to legs, IGN.

- in middle, between right loin and spine; intermittent and deep, sharp knife-like stitches, quite internal to intestines, Verbas.

Knives. Violent stabbing, as with knives, between shoulders; it awakes her out of sleep, shortening her breath; it appears while she is lying on her back, and is better by lying on right side, Nitrum.

Knocked. Feels as if small of back had been knocked away, Arg-m.

- Labor.** Intense pain in back while sitting and worse when lying, and not while walking or performing manual labor, Nat-m.
 — like pains in small of back and sacral region, urging to urinate and ineffectual desire to stool, KREOS.
 — pain in small of back like labor pains, Eup-per., PULS.
 — complains of sore pain in back during labor; cries, "Hold my back! Oh! hold my back!" CAUSTIC.
 — sharp pain in small of back, with very acute labor-like pains running through to front at intervals of a few minutes, occasional shooting down gluteal region, KALI-C.
 — backache after labor, HYPERI.
 — backache during labor, Chlorof.
- Lacerated.** Burning, tearing, drawing, or bruised pain in back, NUX-V.
 — drawing or boring pain in back, Coccul.
- Lacerating** and sharp stitches in small of back, Dig.
 — and drawing in back, Opium.
- Lame.** Sensation as if lame in small of back, NUX-V.
 — and stiff; weakness in small of back, Diosc.
 — and sore feeling in small of back, LEPT.
- Lameness.** In back, Conval.
 — in back; cannot sit up without support, Diosc.
 — in small of back, as from a cold, DULC.
 — in small of back, with leucorrhœa, CAUSTIC.
 — paralytic or rheumatic lameness and stiffness of back after rest; better by gentle motion, KALI-PHOS.
 — a sensation of lameness in back, evenings in bed, KALMIA.
 — and weakness in small of back and subsequent lassitude, Con.
 — in back, hips and legs, Fluor-ac.
 — of back from walking or standing in lower part, Zing.
 — tired lameness of legs, with backache, KALI-BROM.
 — and stiffness of back, worse from motion, better during rest, returns after sitting awhile, CUP-ARS.
 — and painful feeling in back, HYPER.
 — all limbs and back pain, with lameness, Meph.
- Laming.** Tearing, drawing pains in back and thighs, CHINA.
 — pain in small of back while sitting or standing, COF-CR.

Lancinating. Sharp or cutting pain, running up back, with constriction of arms, *COLOC.*

- a severe, pressive pain in back, under right scapula, which at inspiration changes into a lancinating pain, *Cup.*
- pains and weight in back and over part of abdomen, extending from womb and ovaries, *Con.*
- pain in back, extending to right scapula, *Lyc.*
- pain in back while walking, *Sul.*
- in small of back in a transverse direction, *Cup.*

Lassitude and pain in back, as if bruised, in region of short ribs, with ill humor, *RAN-B.*

- painful along back, with bruised feeling down to sacrum, *Ginseng.*
- weak, with pain in back, and pressing headache mornings; painful lassitude in small of back and lower limbs, *Coloc.*
- weakness and lameness in small of back, *Con.*
- dragging in back and lumbar muscles, with lassitude on exercising in open air, *Tereb.*

Lascivious. When lying on his back he has lascivious dreams and seminal emissions without erections, *Colocy.*

Laugh. Cannot laugh on account of pain in small of back, *Phos.*

Laughing. Aching in small of back, worse either by coughing or laughing. *Tell.*

- after falling from a height upon back, acute pain in lower part of back or right side when laughing, sneezing or a quick breath, *CON.*

Leaning, throbbing in small of back; worse by sitting upright, better leaning back, *Sepia.*

- difficult to sit straight without leaning against something, as back is very weak, *Agari.*

Left, stitches in left side of back, *Hepar.*

Legs, drawing intolerable in small of back and down into legs, especially noticed in the ischia, frequently in evening, *LACH.*

Leucorrhœa with backache, *PULS., MUR-AC.*

- with lameness in small of back, *CAUSTIC.*
- with backache alternating with catarrh, *KALI-B.*
- pain in small of back accompanying leucorrhœa, *KALI-FER.*

Leucorrhœa, drawing in back and as if bruised, thence the pain extended to the sacrum and abdomen, where much flatus accumulated with bellyache, and as the flatus was discharged leucorrhœa appeared, Caustic.

Lie, pains as if crushed in back, so she could not lie on it at night, Amm-m.

— painful on left side of back so he could not lie on it for three nights, Carbo-a.

— cannot lie for any length of time on back, Hyper.

— could not lie upon back or either side, GLON.

— on back in typhoid, ZINC.

— on back with mouth open, LACH.

— cannot lie on back in cardiac rheumatism, Phos.

— if he lies on his back it aggravates cough, Eup-per.

— inclination to lie on his back in consumption, FER-IOD.

— on his back with open staring eyes, STRAM.

— on back with head low, prefers to, DIG.

— impossible for him to stoop or lie upon his back, Tereb.

— on back with knees drawn up, MERC-c., HELL., Tarant.

— violent suppurative pain in small of back at night so she can hardly lie on her right side, better mornings after getting up, Nat-s.

Lies on back with one leg stretched and other drawn up (in pregnancy), Stann.

— on back with legs turned on stomach, Puls.

— on back in pneumonia, Puls.

— on back and all symptoms are better, Uva-ursi.

— on his back always when he dreams at night, Mang.

— on back with feet crossed, Rhod.

— on his back when sleeping with one hand under his occiput, the other arm above his head, Coloc.

Lifting. Pain in small of back after heavy lifting and taking cold at same time, SUL.

— sudden acute pain in small of back while lifting a light board, so that he could raise himself only with difficulty, RHUS.

— sudden stitch in back while lifting, cannot move without great pain, SEPIA.

Lifting. Pain in small of back as after over-lifting, worse at rest at night and in morning; also, when rising from a seat, STAPH.

— pains in back after lifting, begins in lower limbs and vertebræ and extends to hypochondrium, NUX-v.

Lightning-like pains about small of back so that he cannot move in evening, sticking when sitting, NAT-c.

— like pains of a sticking character in back, NIT-AC.

Limbs pain and backache; worse in warm room toward evening, better in cold open air, KALI-S.

— much pain in back and limbs at same time, Ip.

— pain runs through back into limbs repeatedly, Camph.

— tearing in limbs with backache, RHUS.

Liver. Pain in liver through to back, KALI-C.

— pain in back and right side from congestion of liver, LYC.

— pain from region of liver to back and shoulders, ARS-m.

Load. Tensive pain in small of back as from a heavy load or after long stooping, CHINA.

Loins. Coldness in small of back and loins, CAMPH.

Looking. Cracking sound from first cervical vertebræ on looking up in evening, ZING.

Low. Pain in back, sides and low down, PULS.

Lower. Considerable pain in lower part of back with a soreness felt through to pubic region; pressing finger on neck increases pain, LYSS.

— pain in lower part of back and spine between hips, CALAB.

— pain in small of back and lower limbs, BAD.

— pain in lower part of back, CARBO-a.

Lungs. Pain through from back to front of both lungs and *vice versa*, DIOSC.

— heavy pain in left lung, extending through to back and becoming stabbing, PAPAYA-vul.

Lying. Bruised pain in back from 4.30 P. M. till lying down at 9 P. M., MAG-c.

— pain in small of back while lying on back with great weariness, going down to feet, LYC.

— great pain in left side of back on lying down, BAR-c.

Lying. Bruised pain while lying on back, Hyosc.

- respiration difficult, especially while on back, in goitre, Iod.
- at night, on waking he always finds himself lying on his back, SUL. Mur-ac.
- when lying in bed on his back, music in his ears like the far-off humming of a bag-pipe, ceases on rising, but soon recurs on lying down, Nat-c.
- if lying on side straightens out on back quick as lightning, Cic.
- pain in small of back at night when lying on it, CHINA.
- on his back with left arm over his head a half conscious sleep, Dig.
- on back worse, SPIG.
- on his back heart beats strongly, Ars.

Meningitis. Darts in small of back, abuse of mercury, Kali-iod.

Menses. Bearing down in small of back as if menses would come on, APIS.

- great pressure from within out during menses, NUX-M.
- burning in small of back, especially during a delay of menses, Phos.
- aching at 10 A. M. during menses, then weakness of thighs, Am-m.
- in evening coolness in back, awaking after midnight with cramp and coolness of stomach, which continues till about noon, Kali-c.
- pain in small of back instead of menses, SPONG.
- pain in back as before menses, Bar-c., Berb., HYDRAS., LYC., PULS., SPONG.
- pain in back labor-like before menses, DIG.
- pains in back before menses, commence in and go around, ending in cramps in uterus, VIB-O.
- labor-like pains in back during menses, Agar., CALC., NIT-A., SUL.
- dreadful pain in back during menses, SARSA.
- during menses prolapsus uteri, AMM-M.
- pain in back with scanty menses, LAC-DEF.
- pain in back from suppressed menses, PULS.
- pain in back every few minutes with menses, USTIL.

- Menses.** Pain in back worse during menses when walking, MAG-M.
 — tearing pain in back during menses, CAUST.
 — pain in small of back during menses, Iod., Ratan.
 — a great deal of pain in back as if menses would come on, Coccul.
 — intermittent pain in back during menses, Mag-c.
 — drawing pain in back during menses; better stooping, worse stretching, Mag-c.
 — pain as if back would break during menses, VIB-O.
 — pain in back and loins and hypogastrium as if menses were coming on; worse early part of evening in close room, better in open air and moving about, VIB-OP.

COLOCYNTH—A LECTURE.

By C. L. OLDS, M. D., H. M.

If you were to ask a dozen physicians what use they make of Colocynth, they would probably say that they use it in colic. There is another sphere of action just as important, and that is its effect on nerve-sheaths, in neuralgias. The pain is rending, burning, tearing, squeezing, cutting—the most intense kind of pain. You will find the patient excitable, very sensitive to pain. The pains are tremendous, most violent, and these pains are found throughout the body.

A prominent symptom is that the pains are brought on by anger. The patient is easily angered and extremely irritable—tears, jumps, curses, swears. We find diarrhoea from anger, vomiting from anger, suppression of the menses, or of the lochia from anger. Colic comes on from anger. After the first anger has subsided the symptoms are of such a character that they make him angry. Thus there are complaints from anger and complaints causing anger.

In the head we find the characteristic pains—rending, tearing, gnawing, cutting, pressive, especially in the left temple. The headaches may be congestive, with hot head, red face, glistening eyes. They are worse from the least motion, worse on stooping, even worse on moving the eyes; better from pressure, and

usually better from heat, better in a warm room. In a general way Colocynthis is relieved by heat, but there are some exceptions; the pains are sometimes better from cold. The headaches are often brought on by anger, and accompanied by difficult respiration. The patient is sensitive to a draft of air. It seems as if the skull would be torn off, so violent are the pains—all neuralgic in character; the terrible headaches may cause the patient to bend double. Sometimes with the headache there is sweat of the head smelling of urine.

In the eyes we find the same pains; iritis, with these tearing, rending, terrible pains that drive him frantic; cutting, burning, stabbing pains with acrid discharge. Aggravation from the least motion, amelioration from pressure; this is the general.

Even in the ear we find this relief from pressure. There are cutting, aching, stabbing pains, and the patient will put his fingers in the ear. Usually in earache the ear is very sensitive, but not here.

The coryza is better in the warm room, worse in the open air.

The face is pale, sallow, hippocratic, deathly—the cheeks cold. There is a left-sided neuralgia of the face, aggravated by the least touch. The pains extort cries, and are accompanied by restlessness.

There is a toothache that comes on from taking cold, from anger, driving to frenzy; it is relieved by pressure, and usually relieved by heat. *Mag-ph.* is always better from pressure, and better from heat. Colocynthis is sometimes worse from heat—*Mag-ph.* never. The *Bryonia* toothache is better from pressure and better from *cold* things in the mouth.

In Colocynthis the pains cause great restlessness; he cannot keep quiet; is worse from moving the least bit, and yet must move.

There is a very bitter taste in the mouth—everything tastes bitter. The tongue feels scalded. The appetite is at times most ravenous, or there may be little appetite. The thirst is sometimes intense. Everything they take tastes bitter, even water.

There is an empty, sinking sensation at the stomach—they must eat—and yet as surely as they eat colicky pains come on,

radiating from the umbilicus as a centre, like sharp knives, or as if the intestines were ground between sharp stones. The face is pale and death-like. There is nausea and vomiting—vomiting of intensely bitter substance, bilious matter. The only relief that a Colocynth patient can get in these terrible pains is from pressure and bending over; he will bend over a chair or the bed-post, or if too weak for that will put his fists into his abdomen and bend over them. Compare *Rhus*, but *Rhus* is better from motion; Colocynth worse from motion. *Rhus* may be called a Colocynth on legs. *Dioscorea* wants the open air, and instead of bending double wants to bend back as far as he can; that relieves the pains.

The pains of Colocynth are better by passing stool or flatus. There is much noise in the abdomen, "like the croaking of frogs." The abdomen is distended with flatus. The abdominal symptoms are usually better on getting warm in bed.

We might suppose that this remedy would be useful in peritonitis or appendicitis. It seems as if the patient could not live, the pain is so intense, like the cutting of knives, or as if the intestines were ground between stones. With these symptoms, if there are cold extremities, cold sweat on the face, aggravation from motion, deadly pallor, and sinking, we find Colocynth the remedy.

The abdominal symptoms are ameliorated by coffee. Coffee will antidote Colocynth, and the patient should avoid its use.

The stools are usually copious; at first feculent, then thin, pappy, greenish, brownish, offensive, and frothy.

One of the peculiar things of this remedy is the jelly-like formations. There are stools like a jelly-fish. The urine is at first brownish, or may be white, and afterward a jelly-like mass forms in the bottom. Another sediment is reddish, sandy, and difficult to remove. The urine may be gluey or milky, and coagulating on standing.

It is useful in dysentery with the characteristic pains, bloody discharges, jelly-like stool; pieces of membrane voided. There are most intense pains before and during stools, but stool relieves. The stool sometimes looks like scrapings of intestines.

We may find in this remedy colic with a hard stool; also involuntary discharge of hard fæces.

This remedy attacks also the female sexual organs. There is inflammation of the ovaries, with pains which are worse from motion, better from eating, better from warm drinks, better from bending double, better from hard pressure. Yet after a time the abdomen becomes so tender that pressure rather aggravates than relieves. We also find inflammation of the uterus with these symptoms. There are cystic tumors with which the patient is obliged to walk bent over.

We find suppression of the menses as the result of anger. If this takes place there will almost always be a colic. So when the lochia are suppressed from anger. Even child-bed fever is cured by this remedy when it seems to have been caused by the mother's getting angry. There are colicky pains before and during the menses, and a thick, yellow, offensive leucorrhœa between.

The neuralgic pains are not confined to the upper part of the body. They go all through the body. There is sciatica, especially of the right side; pain, cutting, as from knives; worse from the least motion of the affected limb. You may find the patient in bed with the affected limb flexed on the abdomen, with terrible pains going down the limb from the back, unable to straighten out the limb. One patient who was cured by a single dose had the limb doubled up and pressed on the abdomen; this relieved the pains.

Colocynth cures hip-joint disease with these terrible pains.

In the colic of different animals—*e.g.*, the horse—nine times out of ten Colocynth is the remedy. The horse tries to draw its legs up if standing, or, if lying, will draw up into a ball, and will roll about the stable in the most pitiful manner. Colocynth will nearly always cure. But if after eating much clover the abdomen is much distended, with great pains and passing of wind, then *Colchicum* is the remedy. So in the human family, in colic after eating green things, as cabbage or lettuce.

Colocynth is sometimes indicated in lead colic.

THE NEW YORK HOMŒOPATHIC UNION.

The regular monthly meeting of the New York Homœopathic Union was held at 62 West Forty-ninth Street, New York, Thursday, December 16th, 1897, the President, Edmund Carleton, M. D., in the chair. Owing to the unavoidable absence of the Secretary, Mr. W. S. Gould was chosen to act as Secretary *pro tempore*. Drs. Burnet, Clock, Finch, Franklin, Gillingham, Krause, Levenson, Pease, Rushmore, Talcott, and Vondergoltz were present; also a number of medical students. Drs. Woodward and Powel, being unable to attend, sent letters of regret; Drs. Fincke and O'Brien, in addition, sent papers.

It was moved by Dr. Finch that the meeting proceed to consider the subject selected for discussion—"Can Susceptibility to Climate be Cured?"—and that Dr. Fincke's communication be read. Motion seconded and carried unanimously. Dr. Fincke's paper was then read, as follows:

CAN CLIMATIC SUSCEPTIBILITY BE CURED?

B. FINCKE, M. D.

"The question, 'Can Climatic Susceptibility be Cured?' seems to me to admit of an affirmative answer, provided the cure comprise the truly homœopathic treatment by high potencies according to Hahnemann. He has already intimated (*Organon*, Section 244) that the climate in swampy regions does not even affect a healthy man in his earlier years with intermittent fever if he lives a proper life, free from want, fatigue, and destroying passions. The prevailing intermittents may at least only affect him after his arrival, but one or two of the finest doses of highly potentiated China-bark solution will soon free him from them. This means that his susceptibility to the climate where he lives will be cured, and this admits of its application in other climates. It is a common saying that Boston and Brooklyn have a bad climate for people liable to sore throats. This generalization may hold good for those whose throats have been not cured, but mismanaged, by allopathic and topical treatment, leaving the affection in a condition to be renewed at every unfavorable

change in the weather—*e. g.*, to east winds and rain. These maltreated throats have given a bad name to Brooklyn; but my experience is to the effect that when they have been carefully and properly treated by high potential medication the climatic susceptibility will be cured, and people can live to a good old age without being hampered in this respect any more, as I have seen.

“There is also this to be considered, that men are able to live in any climate of the earth if they accommodate themselves to the requirements of it. And thus the climatic susceptibility is deadened or cured, and they are enabled to live anywhere, even to old age. *Per contra*, the climatic susceptibility enables sick people to be cured by its influence in transferring them from an injurious climate to a healthy one, as the change from the swamps to the mountains will cure without medication of any kind, as Hahnemann says.”

Dr. Finch then moved that before discussing Dr. Fincke's paper, Dr. Carleton's paper be read. Carried.

Dr. Carleton then read the following paper, entitled :

“CAN CLIMATIC SUSCEPTIBILITY BE CURED?”

E. CARLETON, M. D.

“The question of the evening, ‘Can Climatic Susceptibility be Cured?’ is closely allied to the subject of our last meeting, ‘Can Susceptibility to Disease be Cured?’ Hahnemann's *Organon* throws some light upon it. In the fourth American edition, Section 244, page 197, we find the following :

“‘The endemic intermittent fevers of marshy districts, and countries subject to inundations are a source of much embarrassment to physicians of the prevailing school of medicine. A healthy man may, however, accustom himself in his youth to the influence of a country that is covered with morasses, and live there in perfect health, provided he confines himself to a regular mode of life, and is not assailed by want, fatigue, or destructive passions. The endemic intermittent fevers will, at farthest, attack him on his first arrival in the country; but one or two of the smallest doses of the solution of Cinchona, attenuated in a very high degree, suffice to deliver him from it promptly,

if in other respects he does not depart from a strict regimen. But when a man, who takes sufficient bodily exercise, and who pursues a course every way suited to his mind and body, cannot be cured of a marsh intermittent fever by the influence of a single remedy, we may be certain that there exists within his body a psoric affection which is on the eve of developing itself, and that the intermittent fever will not yield to any other than anti-psoric treatment.*

“It sometimes happens that if this man quit the marshy country without delay to go and reside in another that is dry and mountainous, his health is apparently restored, and the fever leaves him, if it has not taken too deep a root—that is to say, the psora passes again to a latent state, because it had not yet reached its final degree of development; but he is not cured, nor can he enjoy perfect health, until he has made use of anti-psoric treatment.’

“This testimony in the affirmative is not to be confounded with Section 238, which should be read in connection with the three preceding sections. There Hahnemann deals with ‘intermittent fevers that manifest themselves sporadically or epidemically (not the endemics of marshy districts).’

“With a larger list of important remedies to choose from than Hahnemann had (*Apium-virus*, *Aranea-diadema*, *Baptisia-tinct.*, *Eupatorium-perfoliatum*, *Gelsemium-sempervirens*, *Podophyllum-peltatum*, for instance), and a wider range of potencies at command, his modern disciples accomplish more than was possible for him in this direction, and the truth of his observation is established by their experience.

“A gentleman and his wife, living not so very far from New York city, left their luxurious home and spent many months in travel, especially upon the ocean, hoping thereby to be rid of the intermittent fever, oft recurring in spite of all the arts of Old Physic. They seemed to recover health, and returned full of hope. But they had not been ashore many weeks before the

* Large doses of *Cinchona* or Sulphate of Quinine may certainly free the patient from the typical attacks of marsh intermittent fevers; but he is still unheathy in another way, and antipsorics only will effect a perfect cure.

old malady reappeared. Homœopathy then cured permanently, while their residence was unchanged from the same malarious district.

“Enlarging our field of vision, we see many people who enjoy good health in this city, but are afflicted with sore throats while sojourning in Brooklyn. They at length resort to Homœopathy, and are troubled no more. Mrs. G., wife of a lawyer, after residing for a number of years in this city in the enjoyment of health, moved to Brooklyn. She began to be subject to sore throat. The medicine of the majority was tried and found wanting. The family returned to New York, and the difficulty ceased. After a good while they ventured to move to Brooklyn again. Soon the former trouble reappeared, and was unsuccessfully combated. A friend recommended Homœopathy. These were the symptoms: Great thirst for cold water; much saliva; uvula swollen and elongated; dry, raw, rough, hot, red throat; salivary glands swollen; first appearance on right side; worse in cold air and after having been in bed a short time. A single dose of Mercury, high, made a permanent cure.

“Without doubt all agree that the cure of hay-fever is attended with difficulty. Most cases are relieved for the time being by the similar remedy, but recur the next year unless they go to Bethlehem, N. H., or some other place that gives them immunity. A portion of these same cases are cured while remaining at home. Bear in mind that some people never discover a charmed spot, as you know. It will be remembered also that many cases require antipsoric treatment, to follow that given during the acute stage. The fact is established, however, that some cases acquire, by means of Homœopathy, climatic insusceptibility to hay-fever.

“Mr. A. had for years celebrated every returning 21st day of August by starting in on a three or four weeks' tussle with hay-fever. After numerous experiments he succeeded in avoiding the attacks by going to the Adirondacks a few days ahead of time. Later on he was obliged to stay in the city all summer. The hay-fever was on hand promptly, with red, itching, smarting, sensitive, watery eyes; sneezing; profuse, acrid coryza; tingling in right

nostril; occasional laryngeal cough; hoarseness; thirst; want of appetite; feverish; worse evenings and in-doors; better out-doors. *Allium-cepa*, 200th, in water, ended the attack in a few days, but did not prevent the same symptoms from reappearing on the next anniversary. It again relieved. Then, by searching, were found these symptoms: Hot vertex; feet hot at night, causing the patient to put them out of bed to cool off; cramps in calves when stretching. A single dose of Sulphur, millionth [B. & T.], put an end to the case.

"Change of climate brings relief to many an asthmatic individual. Numerous members of this class of sufferers have been cured by their homœopathic physicians, thus enabling them to live in the places they formerly could not endure. It is the newcomer who yields most readily to yellow fever. Presently he becomes 'acclimated,' as it is termed. That is to say, his system has in a measure become hardened and protected against the disease. And this without taking any medicine. With Homœopathy added, he becomes more strongly insured.

"Masses of evidence could be produced to sustain an affirmative answer to the question submitted, but it is to be hoped that the foregoing will be a nucleus for discussion."

DISCUSSION.

Dr. Finch—Is intermittent fever due to climate? Have we reached the cause of intermittent? New York was formerly much more troubled with it than now, except temporarily while our streets are being all torn up. Better plumbing, better drainage have brought about this change. The climate has not changed, but we have better sanitation. Hay-fever is a better instance of disease attributable to locality, but both are amenable to homœopathic treatment.

Dr. Rushmore—I am satisfied that Homœopathy enables sufferers from malaria to remain at home and become fortified against climatic influences.

Dr. Levenson said he believed that intermittent fever is due to a poison in the soil, and that infrequency of the disease is due to better sanitation; that, however, it may occur under the best

sanitary conditions, because susceptibility depends upon two factors; first, intensity of the poison; secondly, individual idiosyncrasy. As an instance of the first, the west coast of Africa is deeply affected with fever, and it is hard to remove susceptibility to it. Homœopathy will alleviate considerably, but is somewhat influenced by these factors. On the other hand, a healthy, strong individual, adopting a proper hygiene, is not subject to diseases anywhere unless the poisonous conditions are very concentrated.

Dr. Finch—What constitutes climate, anything more than heat and cold, wet and dry? Reverting to the subject of hay-fever, we find that disease to be occasioned by flowering plants of various regions, and that relief is afforded by a change of abode—notably a change to mountain or sea air. Cities, *per contra*, give numerous instances of persons regularly affected with hay-fever during the warmer months. In illustration I may cite:

(1) Years ago in many parts of this city there were no sewers. Over one such undrained spot stood a frame house, in the cellar of which two or three feet of stagnant water constantly remained. The boy of the family was seized with intermittent fever. He was treated with a carefully selected remedy and removed for a time from the noxious influences to another part of the city. In a short time he was cured, really and permanently, for he was enabled to return to his home and live in perfect health, exposed to the same conditions as previously.

People are known who, out-of-doors, can stand almost any degree of cold, but in-doors are very susceptible to slight draughts or reductions of temperature. Such persons can be cured with appropriate remedies—*e. g.*, Silicea, Nux-vom., Rhus-tox., etc.

(2) The case of a gentleman residing in this city, who was annually, with clock-like regularity, seized by an attack of hay-fever. Changing his abode to an island near New York, but ten miles at sea, afforded him complete relief. The immunity lasted only so long as he remained there. Immediately upon his return to the city the disease recurred. He had not the benefit of homœopathic treatment. This simply goes to show that a

change of climate alone cannot afford permanent relief to climatic susceptibility as to malaria. According to Hahnemann there is, underlying intermittent fevers, a miasm which must be removed by an antipsoric remedy before susceptibility can be cured.*

Dr. Burnet agrees in thinking that susceptibility is due to some psoric taint. When this is removed the patient is not subject to any poison, no matter how concentrated.

Dr. Clock cited three cases of persons regularly afflicted with hay-fever, who had previously been obliged to go to the seashore or mountains in order to relieve each attack; but after appropriate homœopathic treatment such excursions were unnecessary. In one case the miasm was indicated by an eruption, which appeared upon the face and which was temporarily suppressed by the use of Cuticura after shaving. Sulphur promptly and permanently relieved *all* the symptoms.

Dr. Franklin—We have to deal with the conditions of the blood and with psora. Man in his normal state is insusceptible to all diseases, no matter how malignant. Locality has no effect if a proper mode of living is maintained. Therefore we must look after the constitution and deeper conditions of the patient—*i. e.*, his state previous to exposure to the noxious influences. We have an example of this in a case of aggravated remittent fever with tendencies toward typhoid. All the family had been affected, two fatally, when the third was placed in my charge. When attempting to combat the fever alone, I met with little success; but when remedies such as Lachesis, Hepar, and particularly

* [NOTE by the Secretary.—“Climate, *clima*, *inclinatio coeli*, *climat*, (κλίμα, ‘a region’). In geography the word *climate* is applied to a space on the terrestrial globe, comprised between two circles parallel to the equator, and arbitrarily measured according to the length of the days. In a hygienic point of view it means, since Hippocrates, a country or region, which may differ from another in respect to season, qualities of the soil, heat of the atmosphere, etc. Climate, indeed, embraces, in a general manner, all the physical circumstances belonging to each region—circumstances which exert considerable influence on living beings. The dark complexion of the inhabitants of the torrid zone is easily distinguishable from the paleness of those of the frigid zone—so are the diseases. They are all modified, more or less, by climate or locality. Hot climates predispose to abdominal complications in febrile affections; cold climates to thoracic, etc.—DUNGLISON.”]

Silicea, were given for the general constitutional condition, there was a decided abatement of the fever (acute condition), besides great general improvement. Hence we may conclude that only general, systemic conditions render acute diseases possible.

Dr. Pease agrees with Dr. Finch that change of abode can only alleviate or temporarily remove susceptibility to local climatic conditions; and, in support of his view, cites the case of a lady who was always subject to aphonia when in New York. This would disappear when she left the city and vicinity, only to recur promptly upon her return.

Dr. Talcott—Statistics show that the Hebrew race is the only one which can and does live in all climates. This is perhaps because the Hebrews adapt themselves to their surroundings. Other races which migrate do not thrive—*e. g.*, the English in India. Proper and wise medication would, however, enable almost any one to live in a foreign climate, but in lack of that few of us have sufficient constitution to abide the change. After several generations, by a kind of evolutionary process, we can resist any climatic condition, but many fall by the way-side.

Having tried it upon my own person, I have reached the conclusion that climate alone can cure no one. If a person would be cured, it is by some appropriate medicine. Many chronic cases try a change of climate, and are for a time improved, but upon return to the old surroundings they promptly relapse into their former condition. Several cases were mentioned in illustration.

Dr. Carleton—In the absence of Dr. Fincke it devolves upon me to close the discussion. Both papers that have been read favor the affirmative side of the question, and both cite Section 244 of Hahnemann's *Organon* in their support. In that Section Hahnemann specifies "the endemic intermittent fevers of marshy districts." In the nine Sections just preceding, he is careful to say "Intermittent fevers that manifest themselves sporadically or epidemically (not the endemics of marshy districts)." It is necessary to bear this in mind, to avoid a seeming contradiction. The first part of Section 241 declares that "epidemical intermit-

tent fevers, in places where none are endemic, have the nature of chronic diseases, composed of individual, acute paroxysms."

Clearly, the endemic marsh intermittent mentioned by Hahnemann is a product of climate, as that word is commonly used by physicians. He says that susceptibility to it can be cured; and that has been the experience and observation of his followers ever since.

African coast fevers are serious. Homœopathy has never had a fair chance at them. In the opinion of the speaker, they are amenable to the similar remedy. The question of the Briton in India is an interesting one. He tries to take his British habits with him; he will not bend to the local customs; will wear heavy clothing, drink beer, and live with the habits of a Northern climate. In consequence, his liver becomes enlarged, his system clogged, and he has to return to his native land. If he marries and raises a family, the latter are soon forced to seek a more suitable climate. Only those who, like Livingstone in Africa, adapt themselves to the local conditions and customs, can live and procreate.

CLINICAL CASES.

Dr. Levenson presented a very full account of a case of suppressed gonorrhœa with supposed sycosis and iodism, over which he solicited discussion. Thuja had occurred to him as an appropriate remedy to be given after the effects of the iodide had somewhat worn away.

Dr. Vondergoltz said that in his experience it had been better not to wait, but to give the selected remedy immediately and in high potency.

Dr. Gillingham thought that the symptoms indicated that Pulsatilla might be needed before the Thuja.

Dr. Krause thought that there was little hope of bringing out, under the influence of Thuja, the suppressed discharge, and that it would be more advisable to study the symptoms as they exist at present, and to prescribe in accordance.

Dr. Carleton, quoting a similar condition from Lippe's *Materia Medica*, showed that Hepar-sulph. followed by Nitric-acid, and

these possibly in turn by Pulsatilla and finally Thuja, seemed to be indicated.

Dr. Rushmore—Hahnemann, during the early years of his practice, tried, when he found a psoric condition, to bring back the eruption. Later in life he states that it is not necessary nor always possible.

Dr. Franklin—Case I. Well-marked phthisis in a patient of forty. All the usual signs, including those of cavities, were present. Physicians of the old school had pronounced the case hopeless under any treatment. Nevertheless, a single dose of Sulphur 200 was given. After a short time, an eruption came on. It began with isolated yellowish crusts and underlying ulcers. These became confluent until nearly the whole body surface was covered. Then the cough, dyspnœa, and chest symptoms subsided. The eruption soon followed, leaving the patient perfectly well. So he continued for years, and finally died from Morphine poisoning.

Case II—Otorrhœa, resulting from the allopathic treatment of eczema of the scalp. Under the properly selected remedy, it ran a retrograde course with final cure.

Owing to the late hour and the large amount of clinical matter remaining, upon the motion of Dr. Finch, that the latter be carried over to the next meeting, the meeting was adjourned.

WALTER S. GOULD,
Secretary pro tem.

NOTES AND NOTICES.

THE INTERNATIONAL MEDICAL ANNUAL for 1898, a work of reference for medical practitioners, is a continuation of the same work that has been issued regularly year after year by E. B. Treat & Co., 241, 243 W. 23d St., New York, and has been reviewed in these pages, and is, therefore, familiar to our readers. The issue for this year is rapidly approaching completion, and will prove the handiest, best arranged, and best edited reference volume issued to the medical profession. Among the special articles will be one on "The Chief Pathogenic Bacteria in the Human Subject," by S. G. Shattock, F. R. C. S. It will be illustrated by ten finely colored plates. There will also be two remarkable articles on "The Obliteration of the Deformity in Pott's Disease," by Dr. Robert Jones and Dr. A. H. Tubby. When issued a review will be published by us, giving the reader adequate information upon its merits.

THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. XVIII.

FEBRUARY, 1898.

No. 2.

EDITORIAL.

SILICEA.—The lively conscientiousness and compunction of conscience about trifles is a reminder of Carbo-vegetabilis, which has a great deal of anxiety, as if he had committed a crime, causing trembling and weeping.

Obstinacy of children under Silicea is matched by the same defect of character under Calcarea-carbonica.

The headaches of Silicea begin about noon and continue all the afternoon.

The headaches of Silicea are relieved by wrapping up the head warmly. This is a great characteristic of Silicea, and should always be remembered when we have cases of headache to attend.

A case of headache relieved by warm wraps around the head is reported in Skinner's *Organon*, Volume I, page 264, Case 3. Silicea was given and brought about a complete cure.

Silicea is indicated in the open fontanelles of young babies. Calcarea also is useful. Under Silicea the head is too large, while the body is emaciated, and the face pale and waxy. Calcarea has pale, bloated face.

Silicea has, with the above-mentioned condition of head and body, hot, swollen abdomen, and very fetid stools. Calcareo has hard swelling of the abdomen, like a saucer turned bottom upward, to use the figure of the late Dr. H. N. Guernsey, and there are also sour stools.

Silicea has sour-smelling perspiration on the head in children, and so has Calcareo-carbonica. Under Calcareo the perspiration begins as soon as the child is asleep. Under Silicea this perspiration occurs in the morning hours of the night. Thus the difference between Calcareo and Silicea is that the perspiration occurs on the head during sleep, before midnight, under Calcareo, while the perspiration of Silicea occurs on the head during sleep after midnight, and toward morning.

Lachrymation in the open air occurs under both Silicea and Phosphorus. Agglutination of the eyes in the morning on waking occurs under Silicea, Phosphorus, and Pulsatilla.

Silicea has swelling of the tear gland of the left eye, and Bromine has same thing in the right eye.

Swelling of the lachrymal duct from occlusion indicates Silicea, especially if it be in the left eye. Bromine has the same trouble in the right eye, and under Pulsatilla the accumulation becomes pus-like.

The editor, when only a student of medicine, had a case of occlusion of the lachrymal duct occurring in his own mother. There was fistula, and the tears flowing down the duct and out through the fistula swelled up the tissues in the inner corner of the left eye considerably. This continued for several years, until finally pus was secreted which swelled up the tumor in the left inner canthus until it was the size of a walnut; then ulceration of the external skin at the highest point occurred, a fistula was formed, the pus discharged externally, and the tumor collapsed and remained so for several hours, when it would begin to rise again. Eminent physi-

cians tried to cure it, and failed. Surgeons proposed operation, which was refused, and finally the writer of this article studied the case, thought that Silicea was indicated, gave it in the two-hundredth potency, and the tumor discharged and collapsed, and never rose again for twenty years. This certainly is a remarkable result to attain in a case that seemed to be suitable only for surgical interference. It is an encouragement to any student to persevere in the good cause.

Under Silicea there is confusion of vision with running together of the letters when looking at a printed page. This is similar to Natrum-muriaticum. The editor has restored sight and obviated the need of wearing glasses in a young girl of less than fourteen years of age who had this symptom whenever she attempted to study her lessons. Silicea was given, and the girl was able to do without glasses. It was the opinion of Dr. Lippe that the day would come when indicated remedies would be given for all those defects of vision which at present are treated with glasses. His opinion was shared also by the late Dr. H. N. Guernsey. Dr. Lippe especially objected to the placing of glasses upon young people. As is well known to the readers of this journal, it is no uncommon thing nowadays to see children of four years of age wearing glasses. But Dr. Lippe, in the prime of his professional activity, never witnessed such a thing. It has come about only within the last ten years, and Dr. Lippe has been dead ten years last January.

Silicea has aversion to light, especially daylight, as it produces much dazzling. Many remedies have this symptom, and it is, therefore, of not much value in selecting Silicea unless you have more characteristic symptoms of Silicea to correspond.

As a contrast to Silicea, Calcarea has aversion to candle or lamp light, because it is painful to the eyes.

Silicea has sudden attacks of blindness, with far-sightedness.

Silicea has stoppage of the ears, which open at times with a loud report. Calcarea has cracking in the ears while eating.

The loud, pistol-like report in the ears is a characteristic of Silicea.

Silicea has hard swelling of the parotid gland. Under Belladonna this swelling is highly inflammatory. Under Calcarea also it is highly inflammatory. It is the same with Rhus-toxicodendron, preferably on the left side. From these remarks it will appear that Belladonna, Calcarea-carbonica, Rhus-toxicodendron, and Silicea are of the highest value in the treatment of mumps.

Silicea and Calcarea both have painful dryness of the nose.

Silicea has ulcers high up in the nose with great sensitiveness to contact.

Kali-bichromicum has ulcers on septum of nose.

Thuja has ulcer covered over with a scab, which finally falls off, leaving a red surface.

Silicea has stoppage of nose. It also has acrid corroding discharge.

Nux-vomica has stoppage of the nose at night. If there be a discharge it is not acrid.

Nitric-acid has stoppage of the nose, and hot water runs out of it at the same time.

Thuja is the principal remedy for scabs in the nose.

Calcarea has ulcers in the nose, with thick, heavy discharge.

Silicea has sneezing in the morning, with much watery discharge from the nose.

Silicea has long-continued stoppage of the nose from hardened mucus.

Lycopodium has this obstruction, and it is located at the root of the nose.

Silicea and Calcarea both have ulcerated corners of the mouth.

This ulceration of the corners of the mouth is very characteristic of Nitric-acid.

VACCINATION IN THE LIGHT OF THE ROYAL BRITISH COMMISSION.

M. R. LEVERSON, M. D., FORT HAMILTON, L. I., N. Y.

(Continued from January No., p. 19.)

Q. 4,516. Dr. Cory defines "spontaneous cow-pox" as "the first case occurring in a herd that you cannot say has been communicated by man." Q. 4,517. He believes it has been so communicated; "but that is only an opinion."*

Q. 4,519 (Sir James Paget). "You say communicated by man. What is the man suffering from?" "I am referring to small-pox, though cow-pox can be communicated from human subjects having vaccine."

Q. 4,520. "In the case you had your own lymph derived from, you think it probable that some one with small-pox had milked the cow?" "There was small-pox very much about Laforet at the time." (See *post*. 4,578-9.)

Q. 4,521 (Dr. Collins). "Is that stated in the *Gazette Hebdomadaire de Medecine et Chirurgie*?" "Yes; I believe so."

The modification "I believe so" was not made by Dr. Cory when giving his testimony on November 27th, 1889, but, as he admits at the next sitting, on December 4th, 1889 (Qs. 4,575-6), he added that qualification subsequently, and (Q. 4,578) it turns out that the *Gazette* says nothing of the kind!

Q. 4,577 (Dr. Collins). "On what grounds did you found

* In all the literature of vaccination and of cow-pox which I have been able to search, not one single case has been mentioned of small pox being thus accidentally given to the cow. There is even very great doubt whether it has been so given by inoculation. But the cunning trick of Edward Jenner in giving to the cow-pox the name of "small-pox of the cow," though without the smallest fraction of evidence to support it, has created so strong a bias in the minds of most medical students and their teachers, followers of each other and of routine as they nearly all are, that in the teeth of evidence, men claiming to be men of science *assume* that some person suffering from small-pox gives that disease to the cow, producing in it the cow-pox!

the belief that the original source of that so-called spontaneous cow-pox was due to the inoculation from a milker suffering from small-pox?" "I only believed so at the time. It is my general belief that vaccinia is modified small-pox."

Q. 4,579. "So that beyond a general belief that cow-pox is referable in all cases to the inoculation of human small-pox, you are not aware of evidence which exists to connect the two in that particular outbreak?" "No; I am not."

And this is scientific testimony!

Q. 4,586 (By Dr. Collins). Dr. Cory was not aware that the Laforet (Dubreuilh) "lymph" had been discontinued in France, nor (Q. 4,587) that it had been criticised as "spurious," nor (Q. 4,588) did he know anything of Dr. Leyet's criticisms upon it, and added, "If it had been a spurious case we should have found it out ourselves." But as appeared from his answer to Q. 4,589, only "by the appearance of the vesicle." So that from Dr. Cory's statement it appears that the L. G. B. go ahead and insert into healthy blood the putrefying matter of a sore of some kind, they don't know what, and if disaster should result they would then know that it was "spurious."

A curious thing, indeed, comes out from Dr. Cory's testimony concerning this curious superstition. We have the L. G. B. using indiscriminately (1) the by-French-experts-rejected-Laforet-Dubreuilh spontaneous lymph as a source of the British supply, and (2) Dr. Simpson's small-pox-inoculated-producing cow-pox.*

According to the theories of the vaccinists these two sources of "pure calf-lymph" are diametrically opposed to one another. According to some of the theories both are spurious; that is what Jenner and Simon said; according to every theory yet put forward by the vaccinists, one or other of them is. Further (Q. 4,600), Dr. Cory, the propagator of the "by-French-experts-rejected-Laforet-Dubreuilh

* This, according to the French authorities, is an *impossibility*.

lymph" among the unfortunate English and Scotch was actually ignorant of the notorious fact that one of the first cases inoculated with it in Paris terminated fatally!

Qs. 4,613-14. Dr. Cory admits that horses suffer from horse-pox as much as mares, while among bovines it is only found normally among cows, and explains it on the hypothesis that horses get the horse-pox when being shod through the farrier having small-pox.

Q. 4,616. He fancies he remembers something to the effect that at Bordeaux it was found that better success was obtained by the use of horse-pox than by that of cow-pox. The reader is referred to Dr. Crookshank's *History and Pathology of Vaccination* for an account of this filthy disease, which frequently assumes a character resembling glanders.

Q. 4,618. Dr. Cory attributes the rarity of cow-pox in England to the diminution of small-pox; but (Qs. 4,619-20) according to the report on the eruptive diseases of the teats and udders of cows of the Agricultural Department of the Privy Council for 1888 there seems to have been a large number of cases of cow-pox in various parts of the country, says Dr. Cory, "of what they said was cow-pox, I believe."

Q. 4,621. "Does any evidence exist to show that these cases were not cow-pox?" "Not that I know of."

Q. 4,623. His present contention is contrary to the conclusions arrived at by the Lyons Commission on the experiments conducted by M. Chaveau.

Qs. 4,624-5-6. Mr. Fleming, of the War Office, is an authority upon diseases of cattle and horses, and he states: "I will now venture to dispute every one of the arguments brought forward to prove that human variola and cow-pox are due to the same virus, or are the same disease."

Q. 4,627. The Irish Local Government Board in the year 1879 warned the Galway Board of Guardians against the use of lymph obtained by inoculating a cow with small-pox.

Q. 4,628-9. Dr. Warlomont is an authority upon animal vaccination. He contends that it is impossible to convert small-pox into cow-pox by the inoculation of the cow with small-pox.

Dr. Kleiss, in his paper published in the London *Lancet*, December 17th, 1887, says, page 1240, b, "I am afraid that as long as the present uncertainty as to the exact nature of the virus of vaccinia and variola remains, no clear experimental proof will be obtainable unless, etc. * * * as regards the first—that is, the nature of the virus, various assertions have been made from time to time without bringing us much nearer to the exact understanding."

F. Cohn, he said, many years ago ascertained the presence of micrococcus of the character of streptococcus in the lymph of variola and vaccinia. To the same effect Sanderson, Weigerband, Pohl, Pineas. Dr. Paul Guttman isolated by cultivation after the modern method three different varieties of micrococci from the lymph of vaccinia and variola, so also Dr. Buest, and "I show you here a streptococcus which is constantly present in human vaccinia," and in the same number of the London *Lancet*, page 1210, a, Dr. Klein says:

"It must be evident from these observations that the danger of scarlatinal infection from the disease in the cow is real, and that towards the study and careful supervision of this cow disease all efforts ought to be directed to check the spread of scarlet fever in man."

Q. 4,522. "Were you at all acquainted with the case of cow-pox in Wiltshire in 1887?" "No; I know there was a case spoken of by that name, but I do not know much about it."

Here begins an interesting inquiry regarding a case of "spontaneous cow-pox" discovered by Dr. Crookshank, at Cricklade, in Wiltshire, but the curious and contradictory testimony given by Dr. Cory will not be understood without

some previous account of its discovery and of the strange controversy to which it gave rise.*

The Wiltshire case was seen and described by Dr. Crookshank in a report to the agricultural department of the Privy Council. The substance of this report was published in the London *Lancet* of December 17th, 1887. Dr. Buchanan and Dr. Cameron, as well as Dr. Crookshank, agreed that this Wiltshire case was true cow-pox. This Dr. Klein denied (London *Lancet*, December 17th and 24th, 1887, pp. 1232, 1240-2†), and later Dr. Buchanan denied that it was cow-pox, and called it dermatitis pustulosa, a disease unknown to the compilers of encyclopædias, to lexicographers (even medical), and to dermatologists, and seems to have been invented for the occasion by Dr. Buchanan. Now, bearing in mind Dr. Cory's distinct reference to the Gloucestershire lymph (Q. 4,316), showing he had not forgotten that lymph but had it distinctly in his mind when testifying, let us continue the abstract of his testimony.

Qs. 4,522-6. On November 27th Dr. Cory states that the L. G. B. made inquiry into the Wiltshire lymph. Dr. Cory took a general interest in it. He did not receive any lymph from that case of cow-pox, but some calves were vaccinated by Dr. Klein at the calf lymph station after passing through the Wiltshire disease; he forgets whether any lymph from that case was brought to the national vaccine establishment.

On December 4th he states that he has ascertained that the L. G. B. did investigate it, and that Dr. Klein made experiments at Lamb's Conduit Street (the calf-lymph-station of

* The pathology of this Wiltshire cow-pox is given in Dr. Crookshank's *History and Pathology of Vaccination*, Vol. I, pp. 360-4; also in the London *Lancet*, December 17th, 1887, pp. 1208-1212.

† On referring to the *Lancet*, the reader will find frequent references to the Heudon Case and will be hard put to it to be sure whether Dr. Klein is speaking of the Wiltshire Case or of that at Heudon. This need not trouble him, for Dr. Klein says that the Heudon Case was the same as the Wiltshire one.

which Dr. Cory is director), and he believes there are notes of those experiments (Qs. 4,630-1).

Q. 4,632. "I took some of Dr. Klein's lymph down to St. Thomas's Hospital, and some children there were vaccinated with it."

Q. 4,633. "With a perfectly normal result?" "A drawing was taken of the arm, and it went through a perfectly normal course. In fact, the lymph used at St. Thomas's for three or four months was lymph derived from that source."

Q. 4,634 (Sir James Paget). "Was that lymph which Dr. Klein took from some of the Wiltshire cows?" "Yes; I understand from Dr. Klein that he obtained that lymph from cows in Wiltshire."

Q. 4,635. "What was the result of inoculating with it?" "It produced perfectly normal vaccine vesicles."

Q. 4,636 (Dr. Collins). "Did I correctly understand you to say that that lymph was, in the opinion of Dr. Klein, the true and not spurious cow-pox?" "I do not know what Dr. Klein's opinion was respecting the cows from which he took it."

Q. 4,638. "Will you give us your own view, from having watched the progress of vaccination, as to whether the results would be such as to enable you to class it as true and not spurious cow-pox?" "I should certainly class it as true and not as spurious cow-pox."

Q. 4,639. "Do you happen to know anything of the origin of that lymph?" "No, except that it was found in some eruptions on the udders of cows in Wiltshire, I believe."

Q. 4,640. "Did any evidence exist to connect the origin of that outbreak, either directly or indirectly, with small-pox?" "Not that I know of."

Q. 4,641. "Can you tell the commission whether a stock has been raised from that lymph, and is still being used?" "No; we have given it up at St. Thomas's Hospital now, but it was used for three or four months there."

Q. 4,643. "Do you think that the lymph derived from the French source was superior to that which was obtained in Wiltshire?" "No; the results so far as I observed them were very much the same."

Q. 4,647 (Dr. Collins). "So that the only protection which cinated any of those children afterwards with other lymph?" "Not when they had the normal vesicles."

Q. 4,647 (Dr. Collins). "So that the only protection which those children would have would be that which would be given by the Wiltshire cow-pox?" "Yes; what I have spoken of as the cow-pox from Wiltshire."

At Q. 4,783 the subject is renewed, and Dr. Collins asked: "Are you aware that in a communication by Dr. Klein to the Local Government Board in 1887-8 he makes this statement: 'In the study of the Wiltshire disease proper I have already made some progress, but hardly sufficient to warrant an attempt to diagnose it as seen during life from other teat diseases'?" "I do not remember that." And (Q. 4,784) "He (*i. e.*, Dr. Klein) also states on page 214, 'In view of this second differentiation of a definite disease from among the mass of cow diseases that show sores on the teats the old division into true and spurious cow-pox has become manifestly insufficient. It is seen that the name "spurious cow-pox" has in all probability been used to cover a variety of sores having essential differences in nature, just as until the time of Jenner the name "cow-pock" had covered, along with various other things, the disease which we now know as vaccinia. But it is one thing to have learnt the essential nature of these sores in the cow that are concerned with vaccinia, or scarlatina, in the human subject, and another thing to affirm the distinguishing characters by which those sores may be recognized from other sores that once on a time laid claim to being equally with them cow-pox or spurious cow-pox. Our new discontent with the name spurious cow-pox does not at once give us a

knowledge of the nature of those sores which remain on the list, and we are now learning that there are many different kinds of such sores.' So that apparently the pathology of cow-pox is rather obscure even at the present time?" "That is Dr. Klein's opinion."

Q. 4,785 (Sir James Paget). "Was it after that that he sent you the lymph from the Wiltshire disease?" "He brought up the lymph I have referred to the Lamb's Conduit Street station, and we tried the lymph on a calf."

Q. 4,786. "When did he do that; was it at the same time that he made that report or afterwards?" "He must have made that report before, I think."

Q. 4,787. "He made the report before you tried the lymph?" "Yes."

Q. 4,788 (Chairman). "It was in the year 1887, as I understand, that you tried this lymph?" "So far as I can remember it was in 1888."

Q. 4,789 (Sir James Paget). "And the effects produced by that virus led you to the complete belief that the Wiltshire disease is true cow-pox vaccinia?" "Yes; that is to say, I believe that the disease of the cow from whom that lymph was taken was true cow-pox."

After all this Dr. Cory makes a foot-note to Q. 4,630 and Q. 4,783, as follows:

In revising this proof I observe repeated reference (Qs. 4,630 to 4,647, and Qs. 4,783 to 4,789) to lymph from Wiltshire used by Dr. Klein at Lamb's Conduit. I have written to the Chairman of the Commission, stating, in reference to these questions and answers, that the lymph to which I was here referring came not from Wiltshire, but from Alderley, in Gloucestershire, R. C.

On May 7, 1890, Dr. Cory was recalled in consequence of the letter above referred to, and for the sake of convenience I will here present Dr. Cory's explanation:

Q. 8,862 (Dr. Collins). "Was the lymph which was em-

ployed derived from a cow at Alderley?" "Yes, I believe so."

Q. 8,863. "Prior to employing that lymph for the vaccination of children did you investigate the source from which it came?" "It was given to me by Dr. Klein, and I used it on calves before I vaccinated children with it."

Q. 8,864. "You were not aware at the time of using it whence it was derived?" "No; Dr. Klein gave it to me, and the confusion arose in this way: Dr. Klein spoke to me of it as Wiltshire lymph, whereas it came from Alderley on the borders of Gloucestershire."

Qs. 8,865-6. He is quite clear that no children were vaccinated directly or indirectly with the Wiltshire disease.

Q. 8,867. The Alderley lymph was derived from a vesicle on the hand of a milkmaid, aged twenty. He refers the Commission to the report of Dr. Klein, in the report of the medical officer of the L. G. B. for 1888, for details as to the source of lymph.

Q. 8,868. "Did the girl on whose hand the vesicle appeared present three good marks of infantile vaccination?" "Do you mean the girl from whom the lymph was derived?"

Q. 8,869. "Yes?" "I do not know anything about the source of the lymph, except that Dr. Klein gave it to me."

Q. 8,870. "Is it not stated in this report to which you have drawn my attention?" "Yes; it may be."

Q. 8,871. "So that that stock of lymph was derived from what was practically a re-vaccination with casual cow-pox?" "I must refer you to Dr. Klein for the source of the lymph. It produced typical vaccine vesicles upon the calves, and also upon the children vaccinated with it."

Q. 8,872. Dr. Klein stated upon page 384 of the report to which Dr. Cory had called the attention of the committee that the girl from whose hand the stock of lymph was raised had three good primary vaccination marks. So that this Alderley lymph was a case of retro-vaccination from a girl

who had been vaccinated and whose "cow-pox," therefore, was a case of re-vaccination. With this the calf is inoculated and a stock of lymph raised from the sore thus produced. But it is to be remembered that the Local Government Board have heretofore been most emphatic in prohibiting the use of the virus of re-vaccination either to raise or continue a stock or for arm-to-arm vaccination.

Q. 8,873. "Do you recommend the use of lymph derived from re-vaccination for raising a stock?" "Recommend? No."

Q. 8,874. Dr. Cory, from the appearances observed by himself upon the calves and children, came to the conclusion that the case was one of true and not of spurious vaccine.

Q. 8,875. "You would attach great importance to the use of the true and not of the spurious vaccine?" "Yes; one protects from small-pox, and the other does not."

Qs. 8,876-7. Dr. Cory agrees with Jenner that "we must set off by impressing the idea that there will be no end to cavil and controversy until it be defined with precision what is and what is not cow-pox," and that "the true has many imitations by the spurious, all being called the cow-pox."

Q. 8,878. "You agree that there are varieties of the disease which have hitherto been confounded?" "Yes."

Q. 8,879 (Sir James Paget). "Or were confounded in Jenner's time; not necessarily confounded now?" "No; they are more separated now."

Q. 8,880 (Dr. Collins). "But are they all distinctly differentiated now?" "I cannot say that they are all distinctly differentiated now, but two or three have been separated distinctly one from the others."

Q. 8,881. "Can you refer me to any previous report to that to which you have drawn my attention for the first time to-day, in which a serious attempt has been made to discriminate the variety of diseases of the udder and the teats of cows which had been previously classed as cow-pox?"

"There was a recent report of the Veterinary Department, which published some observations, but I am not sure that it undertook such discrimination."

Q. 8,882 (Mr. Bradlaugh). "This report has only been circulated the last few days?" "That is all."

Q. 8,883 (Dr. Collins). "Could you describe to the Commission the appearance of what you would consider absolutely indicative of the true as opposed to the various forms of spurious cow-pox?" "That is rather a difficult question to answer offhand; but the ordinary course run by the disease, as we see it at Lamb's Conduit Street, would be this: that you make the insertion of the lymph one day, and then on about the fourth day you first observe some local irritation of the part which is more or less a line of inflammation; on the fifth day it becomes distinctly vesicular, and we can take the lymph from it; and on the sixth day it is further advanced; and about the fourteenth or fifteenth day the crust is fully formed, and generally soon separates; it is a broad, hard, dark brown, mahogany-colored crust."

Q. 8,884. "Would the vaccinia material which produced that series of phenomena which you have described be such as to enable you to define that as true cow-pox?" "It would leave so strong an impression upon my mind if I saw it (not if others described it) that I should not mind using the lymph for the vaccination of children; and if I observed the same course in the children as is usual with vaccinia, then I should be quite convinced that it was vaccinia. Before adopting it as stock one would, of course, like a further proof that the fresh lymph was a protection against small-pox; and that proof we have in the lymph we are using at Lamb's Conduit Street."

Q. 8,885. "How so?" "A good many of the nurses of the small-pox hospital were re-vaccinated with the lymph."

Q. 8,886. "What lymph?" "The Lamb's Conduit Street lymph."

Q. 8,887. "Not the Alderley?" "No, not the Alderley; and the lymph in current use protected* the nurses from small-pox."

Q. 8,888. Dr. Cory in his work on cow-pox and horse-pox quotes observations tending to show that on various occasions stocks of lymph have been raised from an eruptive disease on the cow, which, from the description, appears to be similar to cattle plague.

Q. 8,889. In the same work (p. 19), quoting from Mr. Macpherson, he says that from crusts taken from cattle affected with the disease known as the gotee or mhata in India, eleven native children were inoculated (one of them successfully), in whom appeared a vesicle having all the characters of true vaccine. From this vesicle two children were successfully vaccinated, the symptomatic fever being very severe. From these two five others were successfully vaccinated, and the stock thus established was regularly continued. Dr. Cory now remarks that Dr. Seaton, commenting on the above story, says: "From these facts it is not to be doubted that a case of cow-

*Marvelous is the logic of Dr. Cory in the assumptions here implied. Although their absurdity has been over and over again demonstrated in the writings of the anti-vaccinationists, the grotesqueness of the argument may, perhaps, be presented in a clearer light by putting it into syllogistic form:

Some nurses do not take small-pox;

Some of the nurses who do not take small-pox are vaccinated.

Therefore, all nurses who are vaccinated do not take small-pox.

Or,

Some *A's* are *B's*;

Some *B's* are *C's*;

Therefore, all *C's* are *B's*.

Even if we were to assume (contrary to the fact) that *all nurses* who do not take small-pox are vaccinated, or *all B's* are *C's*, it yet would not follow that all *C's* are *B's* any more than because all cows are animals we might thence conclude that all animals are cows; yet this is the logic of the vaccinationists. Unfortunately, logic forms no part of the curriculum of medical students either in England or the United States.

Koch's celebrated argumentation, by which he sought to establish a basis for the bacterio-germ theory of disease, rests on a like logical blunder to that above displayed.

pox in the cow had been met with; but what is to be doubted is that the gotee, the malignant disease above referred to, was the source of infection."

Q. 8,890. "Do the appearances quoted by Mr. Macpherson agree with the appearances of vaccinia or cattle plague in the cow?" "Vaccinia, I should think, judging by results."

Q. 8,891. "It is thus described, according to Mr. Lamb, whom you quote, 'The animals which were at first affected had been for a day or two previously dull and stupid; they were afterwards seized with cough, and much phlegm collected in their mouths and fauces. The animals had at this time no inclination for food. There is a discharge of saliva from the mouth; then follow universal tremor, and great heat of the head, chest, and body, as far back as the loins, while the hindquarters are cold; the whole body then becomes hot, and the animals suffer from intense thirst. The mouth and fauces appear to be the principal seat of the disease, being in some instances one mass of ulceration. On the fifth day the eruption appears about the udder, sometimes only a few pustules, and at other times they were numerous and confluent, but the result of the attack does not appear to depend much on the eruption. Whether the pustules are numerous or rare, the disease is nearly always fatal, and unless measures are taken to separate the diseased from the healthy, it speedily runs throughout the whole herd, sparing few.' Is that a description of cow-pox?" "Certainly not; but there may have been two diseases confounded there. You have the vaccinia in one and the cattle plague in the other. We saw in England that the cattle plague was quite a separate disease from vaccinia."

Q. 8,892. "But I think you told us that you had never seen cow-pox upon a cow?" "No; not the so-called spontaneous disease."

Q. 8,893. "You are satisfied that from the results of inoculation upon calves that you are able to discriminate the true from the spurious cow-pox?" "Yes."

Q. 8,894. "And are you satisfied that those appearances arising in cattle, although stated to produce the vesicle from which stocks of lymph were raised, arise from a disease improperly described as cow-pox?" "No. I do not think the prevalent cattle disease referred to by Mr. Macpherson was improperly described, nor described as cow-pox, but that it was rather cattle plague. Dr. Seaton refers to this series of experiments, and he says there is no doubt that somehow or other veritable vaccinia had been obtained."

Q. 8,895. "Do you think it possible that local appearances of so-called vaccinia can be produced by the inoculation of any other material than that derived from the special form of cow-pox, such as that at Alderley, which you describe as the true cow-pox?" "I think there are many eruptions which may resemble it. The figures given in the description of the accidental inoculation of cattle plague on men are not dissimilar to the vaccine vesicle; but that would surely show its difference when inoculated fresh upon another animal, and continued through a series."

Q. 8,896. "Have you inoculated cattle plague upon calves?" "No."

Q. 8,897. "Do not the local results of inoculation with true cow-pox vary considerably according to the period of the vesicle at which the lymph is taken?" "Not in the earlier days of it; they vary after the sixth day a good deal; the lymph is then much weaker, producing earlier vesicles and earlier areola."

Q. 8,898. "Are not the appearances which are regarded as typical vaccinia to some extent the result of the cultivation of the vaccine?" "I think not at all largely. You may alter the lymph slightly by cultivation, but to a very slight extent."

Q. 8,899. "The stock you employ habitually at Lamb's Conduit Street was supplied by Dr. Dubreuilh?" "Yes."

Q. 8,900. "Are you aware that it was stated that the earlier results of inoculation with that lymph were not typical, and that it was only in the fourth remove that they became apparently true?" "That is so, so far as I can ascertain respecting its earlier transmissions, but I was not aware of it when you asked me the question on the occasion of my previous examination."

Q. 8,901. "Have you formed any opinion in your own mind as to the nature of the Wiltshire disease?" "No."

Q. 8,902. "Or of the Alderley?" "Yes; that it is vaccinia."

Q. 8,903. "You do not consider the fact that the milkmaid, aged twenty, developed a large vesicle half an inch wide in spite of having three good infantile vaccination marks an argument against its being true cow-pox?" "You can undoubtedly have re-vaccination within twenty years of primary vaccinia in some individuals almost like a primary vaccination."

Q. 8,904. "With a vesicle half an inch wide?" "Yes; the size of the vesicle depends upon the surface of the skin that is inoculated."

Q. 8,905. Refers to Dr. Klein whether it has been ascertained that the Alderley outbreak was derived from the inoculation of small-pox upon the cow through the milker. Dr. Cory did not see any of the first removes of the Alderley lymph.

Q. 8,906. Dr. Cory has given it as his opinion that true cow-pox never arises except by the direct contact with the human variola.

Q. 8,907. He has not endeavored to ascertain whether that was so in this particular instance.

Q. 8,908. (Chairman). "Would it be possible to ascertain it with any absolute certainty?" "No; it would not."

Q. 8,909. "A person might be in contact with some one having small-pox without having been conscious of it himself?" "Yes."

Q. 8,910 (Dr. Collins). "Is there any statement in the report that small-pox had been about in the village of Wootton-under-Edge where the diseased cow was discovered?" "I do not know."

REPERTORY OF THE BACK.

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(Continued from page 35)

Menses, pain, in back during the, *Agar.*, *Calc-c.*, *Caust.*, *Croc.*, *Kalm.*, *Hydrast.*, *Phos.*, *Sars.*, *Iod.*, *Bell.*, *Coccul.*, *Sulph.*, *Thuja.*, *Nitric-ac.*, *Helon.*

— violent pain in small of back in morning, on rising from bed, so that she was unable to move during menses, *Lyco.*

— dragging pains in back before menses, worse sitting, better walking, with cutting and pain as if beaten and contracted, flow at first scanty, profuse and brown next day, with relief of pains, flow more profuse at night, *Mag-c.*

— pain in small of back as before menses with diarrhoea, *Kali-iod.*

— drawing pains in back with tense feeling as before menses, *Mosch.*

— violent headache during menses, *Inula.*

— dragging in back as before menses, followed by slight show, *Canth.*

Mental, weak feeling in small of back, worse from mental annoyances, *Calc-c.*

Middle, aching in middle of back with flashing of heat, *Lappa.*

Morning, pressive heaviness and weariness in back in morning, *Petrol.*

- dragging pain in back in morning on awaking, *Myrica.*
- bruised pain in small of back from morning till evening, better by going to bed, *Nat-s.*
- pains as if bruised in morning, *Droser.*
- severe pain in small of back in morning, *Senecio.*
- pain on motion in small of back, in bed night and morning, *Croc.*
- tearing pains in back, especially in morning, *Canth.*
- pain in back morning on rising, *Ran-b.*
- bruised pain in back from morning till 2 P. M., *Mag-c.*
- pain in small of back as from lameness in morning, *Sel.*
- violent pain in middle of back mornings on rising from bed, so that she was unable to move during menses, *Lyc.*
- stiffness and pain in upper dorsal and cervical muscles in morning, *Zinc.*

Motion, pain in back on motion, *Amm-c.*

- pain in small of back as if sprained on motion, *Puls.*
- a crick in back, better by continued motion, *Sepia.*
- spasmodic stitches in paroxysms in the middle of the back, which renders motion impossible for some minutes. *Lyco.*

Move. pain in small of back, cannot move, *Phos., Petrol.*

- pain in back which does not allow him to move or stand, *Petrol.*
- sticking when sitting, with lightning-like pain above small of back, so that he cannot move in the evening, *Nat-c.*

Moving, drawing upward from foot, extending into back when moving, *Nit-ac.*

- excessive stiffness of one side of the neck extending to small of back, worse when moving, *Guaic.*
- a crick in back, worse when first moving, *Sepia.*
- produces intense pain in small of back, *Kali-iod.*

Muscle, a bruised sensation in muscles of loins and back,
Cham.

— of back and face are principally affected, *Hydro-ac.*

— of both sides pain violently, *Casc.*

— stiffness and pain in cervical and upper dorsal muscles in morning, *Zinc.*

Nausea, pain in back, especially on bending backward or after a short walk, with nausea and weariness, *Con.*

— pain in back above hips with nausea and chills, *Colocy.*

— and tenesmus with backache, *Mancin.*

— feverish shiver every morning at 9, and some nausea, without subsequent heat, *Mag-c.*

— backache first low down, but passing off, he feels it higher up at 8 P. M., several times with nausea, *Zing.*

— backache causes nausea and faint feeling while standing, *Sep.*

Neck, pain from back going to neck, *Lyss.*

Needles, pricks as with fine needles from the back into the chest in the evening, *Borax.*

— excoriating, shooting on right half of the back as from needles, *Platina.*

— heat in the face transient with perspiration on forehead, and with heat on chest and in the back, combined with needle pricks, from within outward, most frequent and severe in the neck, *Sarsa.*

— stitches in back as from needles when sitting down, *Caustic.*

— severely itching rash on the nape, the back, and thighs always and more annoying after scratching, and pricking as from needles afterward, *Mez.*

Neuralgia, of back, *Cornus.*

— acute boring, darting, *Mag-p.*

— of back, running up more particularly on left side, *Nit-ac.*

— of back extends through to thoracic and abdominal walls, *Sul.*

— pain in back, particularly left side, *Nit-ac.*

Neuralgia, pains from below up, mostly left side of back and hip, *Eup-pur*.

Nerve in back seems to be paralyzed and numb, and during this numbing process it causes a good deal of pain very similar to pain from killing a nerve in a tooth, *Calab*.

Night, aching in back, especially at night, *Amm-m*.

—tearing in back from morning till night, *Ant-cr*.

Nightmare, while lying on his back, awaking with a scream, *Guaic*.

—pain especially at night in small of back, *Cham*.

—pain in back, most troublesome during night, *Helon*.

—pain in back and loins at night, *Senecio*.

—bruised pain at night in back, toward morning dare not turn over, *Nat-c*.

—pain in back at night, *Nat-m*.

—pain in back at night as if beaten to pieces, worse by motion, *Mag-c*.

—pain in back at night so he could not lie on small of back, *Mag-c*.

—pain in back and small of back at night as if broken, *Mag-c*.

—nightly pain in small of back and thighs, *Mag-s*.

—drawing pain in back, she had to turn over frequently to get better, *Nat-m*.

—pain in back, worse when lying down at night, *Kreos*.

—pain in lower part of back and head all night, *Lact-ac*.

—pain left side of back nights so she cannot lie upon it, *Carbo-an*.

—pain and stiffness in small of back at night, *Lyc*.

—tearing pain in back at night, *Phos-ac*.

Noon, a feeling at noon while walking as if a weight were lying across shoulders, weighing him down so that his head sunk forward, *Carbon-s*.

Nocturnal pains in small of back, which always awake her from sleep, *Amm-m*.

—relief of pains in back, hips, and thighs, *Syph*.

Numbness, severe headache all day, with numbness of hands, *Lyss*.

— in small of back, *Berb*.

— coldness and feeling of numbness on side of back on which he lays during his siesta, *Calc-c*.

— and weakness in back, *Agar*.

— pricking, causing a cold sensation in back, *Ox-ac*.

— sensation in small of back as if bruised or broken, *Ox-ac*.

— small of back and nates are very numb, *Spong*.

— in back with uneasiness, *Calc-phos*.

— in lower part of back and lumbago, *Gnaph*.

— of back, better by expulsion of wind, *Berb*.

— in back in intermittent fever, *Coccul*.

— nerve of back seems to be paralyzed and numb, and during the numbing process it becomes very painful, similar to killing a nerve in a tooth, *Calab*.

— pain in back of head and neck, with numbness under left scapula extending as a band down to left hip, *Ailanth*.

Occiput, pain in right side of back, with painful feeling in occiput, pressing aching toward left ear, *Chel*.

Opisthotonus, *Canth*., *Oenan*., *Opi*., *Stram*.

Oppression and anxiety when she walks somewhat quickly, with perspiration on the back and chest, *Nit-ac*.

Outstretched, when lying still outstretched on his back he feels somewhat easier, *Borax*.

Ovaries, lancinating pain and weight in back, hips, and lower abdomen, extending from womb and ovaries, *Con*.

— weakness of back with ovarian pains, *Abrot*.

Pain in shoulder and back, *Hydras*.

— in small of back, *Kali-b*.

— in back, *Lac-can*.

Palpitation, with pain in small of back, *Lach*.

— violent while lying on the back, so that she woke up at 12 at night and sat up full of anguish, *Nitrum*.

— tabes dorsalis, especially in women, with great weakness of legs and back, *Graph*.

Paralytic drawing in spinous process of first dorsal vertebra, *Staph.*

— pain in small of back, better by lying on abdomen, worse bending backward, *Selen.*

— pain in small of back, *Sabin.*

— pain in small of back while sitting or standing, *Coff-cr.*

— pain in small of back with spasmodic drawing across hips, which prevents walking, with anxious, fearful mood, *Coccul.*

— pain in small of back as if beaten, *Nat-m.*

— pressing pain in small of back as if one had been lying in an uncomfortable position, worse on rising from a seat and beginning to walk, *Zinc.*

— or rheumatic lameness, stiffness after rest, better by gentle motion, *Kali-ph.*

— and weak sensation in small of back, *Phos.*

Paralysis in muscles of back up to neck, also of limbs, lower are œdematous but retain sensibility, *Cup.*

— weakness on early rising like paralysis in small of back and sometimes near abdomen, *Nat-m.*

— stiffness and paralysis in back and sacrum, *Kali-c.*

Paralyzed, nerves in back seem to be paralyzed and numb, and during this numbing process it causes a good deal of pain, very similar to the killing of a nerve of a tooth, *Calabar.*

— weakness in the back, and he feels paralyzed in lower limbs, *Sil.*

— sensation as if back were paralyzed, *Physos.*

— feeling in small of back extending to hips and left side, *Zinc.*

Paroxysm, pain in back before paroxysm, *Bry.*

Pecking, severe tearing or pecking pressure in the back with a chill, later passing over into a dull, pressive headache, with heat in head, *Sil.*

Periodical, pains in back, worse evening or warm room, better in cool or open air, *Kali-s.*

Periodical pains in back returning about midnight and extending to the head, *Chin-sul*.

— unbearable pains in back, recurring periodically and hindering walking, *Phos*.

Perspired, sensation of heat in the whole body, especially in back, where she imagined she perspired, *Zinc*.

— very profusely on his back when he walks or exercises otherwise, *Nat-c*.

Perspiration, profuse at night on back, *Guaj*.

— nocturnal emission of semen and perspiration on back with waking up at about 2 A. M., *Sil*.

— heat in the face transient with perspiration on the forehead, with heat on chest and on back combined with needle pricks, *Sars*.

— sudden heat on the whole body while sitting down, and soon after followed by perspiration, with pupils very much contracted, *Mang*.

— and some itching on the back, *Phos-ac.*, *Caust*.

— on neck and back from least exertion, *China*.

— oppression and anxiety when she walks somewhat quickly, with perspiration on back and chest, *Nit-ac*.

Pinching now in dorsal and now in abdominal muscles, *Peonia*.

— together in the fleshy part of the back both at rest and in motion, *Nit-ac*.

— in middle of back, *Cann-s*.

— and cutting below the navel with shivers over the back, then heat in the head and urging to stool at noon, *Mag-m*.

— and shooting on false ribs in back, *Stann*.

— and pressure in right side of back, *Lyc*.

— pains in right side of back for an hour, *Sil*.

— and burning pains in small spots of back, *Zinc*.

— pains in the back in the evening, *Nitrum*.

Pinching and shooting pains at night, now below the chest, and now in back, Nit-a.

— in abdomen as if sore morning in bed, then pressive pain as if sore in back and scapula, ceasing after rising, Nat-m.

— in stomach, which contracts the chest, with grasping together of the back, awaking her in morning from sleep, Con.

— pain middle of back as if some one was pinching it with pincers, pain extending gradually toward abdomen, Can-s.

Pinches, several sharp smarting pinches on the back part of the ribs on both sides of the back, Kali-c.

Pieces, pain in small of back as if broken to pieces, in morning, in bed, Staph.

— severe pain in back at night in bed as if it were beaten to pieces, worse when moving, but feels it when at rest, Mag-c.

Pimples and itching on small of back, Niccol.

— eruption of pimples on back with itching in evening in bed, Nat-m.

Plug, severe pain in small of back, she was unable to sit, then sense of a plug in back, had to put a pillow under it, Carbo-v.

Pollutions, at night he always lies upon his back, tossing about with frequent awaking and frequent pollutions, Dig.

Position, restless sleep, cannot lie in any position, only on back, Dig.

— pain in back as if he had lain in an uncomfortable position, Puls.

— acute pain in back gradually extending down into thighs, with great torture, seeks relief by change of position, Ox-ac.

Pregnancy, pain in back and lower ribs during pregnancy,
Arg-n.

Pressing pain in small of back, *Spong.*

— pain in back comes up between shoulders, is felt as a throbbing, *Tereb.*

— constant pain in small of back, worse by motion, *Psor.*

— cramp-like pain in small of back in region of kidneys,
Caustic.

— severe in back and down thighs, and through hips with heavy pressing down, *Cimic.*

— spasm in back with severe pressing and drawing, *Con.*

— from above downward, a pain in left side of back above hip, *Stann.*

— tearing and gnawing in back, while walking, after rising from a seat, *Canth.*

— aching in back at lower border of scapula, *Rumex-crisp.*

— running from between shoulders to occiput and across right ear in forenoon, *Lyss.*

— a feeling in small of back in morning as if pressed inward,
Kali-c.

— dull headache in afternoon, as from sitting too long,
Pallad.

— collection of wind pressing against back, *Cup-sul.*

Pressive pain in back between scapula, as if the parts had been strained or had suffered injury, with a like pain in front part of chest on moving arm, *Carbo-a.*

— tearing pain in left side, beside the hip, extending into the back, *Carbo-v.*

— pain in middle of back between scapula, *Calc-c.*

— he awakes at 2 A. M. with a febrile rigor and hot dry skin, from time to time a shivering ague from the nape down the back and over the chest; then some sleep, from which he awakens in a gentle perspiration, with a pressive pain in back, as also in and behind the hips and in the abdomen, with inclination to vomit, *Hepar.*

Pressive and pinching pains in right side of back, *Lyco*.

— pain beside the lowest part of the back, *Carbo-v*.

— pain as from a bruise on the lower part of back, with severe pressure in the scrobiculus cordis, same in motion and at rest, *Colocy*.

— pain in small of back, *Carbo-an*.

— a severe pain in back under the right scapula, which at inspiration changes into a lancinating pain, *Cup*.

Pressure, hard in small of back, *Kali-c*.

— in small of back below scapula one inch from spine, *Lyss*.

— worse backache, *Verbasc*.

— tired, bruised feeling in muscles of back, extending from points of scapula to ilium on each side of spine, better by firm pressure, *Vib-op*.

— in back, *Amm-c*.

— in back between scapula, *Graph*.

— burning in small of back at 10 p. m., *Cepa*.

— heaviness, worse by sitting, better by motion and pressure, *Aloe*.

— in small of back, *Variol*, *Clem*.

— tensive upon a small spot on back by border of right scapula, *Zinc*.

— strong before the protrusion of the varix from the rectum, *Alum*.

— slight on last dorsal vertebra increases pain exceedingly, *Arm-sat*.

— pain in muscles of back, a pressure, *Euphorb*.

— pain beside spine with pressure, *Graph*.

— pain back augmentary with violent pressure on stooping down, better by rest, but breaking out again with every turn of the body, *Sarsa*.

— the left side of the back is painful, as from pressure on an inflamed spot, *Nat-m*.

— inward in back and chest up to neck, muscles and vessels seem contracted, *Opium*.

Pressure and heaviness in small of back as if one had received a blow, worse while sitting, *Rhus-t.*

— as with a cutting edge across small of back while standing or bending backward, *Rhus-t.*

— in middle on left side of back, as from much stooping, *Mur-ac.*

— in back opposite bowels, then oppressive stitches on least motion or breathing, so that he had to walk bent, when lying still griping as in a malignant ulcer and with oppression of chest, *Arg-m.*

— drawing pressure in back, *Kali-c.*

— sharp in upper part of back, *Kali-c.*

— in small of back, with leaden-like heaviness of lower limbs, *Camph.*

— in shoulder and on back, *Petrol.*

— in middle of back, *Caustic.*

— and burning in back, better by walking, worse by sitting and by lying in bed, *Nitrum.*

— frequent extending to throat and back, *Mag-m.*

— hard in left dorsal muscles near spine, *Staph.*

— severe backache, better from pressure and lying on it, *Nat-m.*

— dull and slowly intermittent dull thrusts in the middle and left side of the back, *Platina.*

— at night in the intensely inflated abdomen, worse by any other than position on back with compressed breath and quickened pulse, *Mez.*

— great pressure in back from within outward during menses, *Nux-m.*

Pricks as with fine needles from the back into chest in evening, *Borax.*

Pricking and numbness, causing a cold sensation in back. *Ox-ac.*

— in skin of back, *Sil., Aur-mur.*

Prickly, burning and heat like prickly heat on back, *Apis.*

Ptyalism, pain in small of back with ptyalism, Cinnam.

Pulling and tearing in back and legs, *Ars*.

Pulsating, and cutting feeling in back, *Nat-m*.

— and throbbing in back, *Lyco.*, *Bar-c.*, *Thuya*.

Pulsation or cramp-like contraction ascending from the thighs into the small of back, *Ruta*.

— in middle of back, *Caustic*.

— in small of back, *Sepia*.

Pustule on small of back, *Nat-c.*, *Calc-c*.

Quivering, a thrilling quivering about an inch to the left of the dorsal vertebra below scapula in evening, on rising from reclining it changed into aching, later crawling with a thrilling, *Ver-v*.

Rash, severely itching on the nape, the back, and thighs, always worse and more gnawing after scratching and pricking as from needles afterward, *Mez*.

Rattling, slight in chest at night when lying on back, *Kali-c*.

Rectum, soreness in small of back and rectum with diarrhoea, *Jatropha*.

Red, spots like ringworm on back, *All-sat*.

— pain in back as if a red-hot iron was thrust through lowest vertebra, *Alum*.

Rest, during rest bruised pain in back, *Kali-c*.

— small of back pains, worse lying on back, better by rest, *Lappa*.

— stitches and pain in small of back as from sprain during rest and ceasing on walking, *Staph*.

— pain in small of back during rest, *Alum*.

— drawing pain from small of back down thighs during rest: stitches when moving, better by pressure, *Dulc*.

Restlessness with coldness in back at night, *Nat-m*.

Respiration difficult, especially when lying on back in goitre, *Iodum*.

— burrowing in the dorsal muscles during respiration, *Stann*.

Respiration, dull stitch in back near scapula (right) impeding respiration, most perceptible when moving, *Mez.*

— single violent stitches in the upper part of the back in respiring, *Calc-c.*

Rheumatism of back, *Actea-r.*, *Bell.*, *Bry.*, *Chrom-c.*, *Coloc.*, *Cornus.*, *Hep.*, *Nux-v.*, *Rhod.*, *Rhus-t.*, *Phyto.*, *Ars.*, *Pet.*, *Ruta.*, *Dulc.*, *Rhus-v.*, *Sang.*

— of back during climacteric period, *Ustil.*

— of back and shoulder, *Ustil.*

— of dorsal muscles, *Ruta.*

— chronic rheumatism of back and chest, *Kali-iod.*

— in small of back for several weeks, *Phyto.*

— of back, better after heat, *Aur-met.*

— of back, worse toward morning, *Nux-v.*, *Petrol.*, *Ruta.*

— worse on motion, *Variol.*

— wandering rheumatism of back, *Lyc-vir.*

— stiffness in small of back, pains like rheumatism, *Iod.*

— pain in muscles of back like rheumatism, *Variol.*

Rheumatic drawing in back, especially when stooping for several days, *Carbo-v.*

— tension in back and in right side of chest, *Lyc.*

— drawing from upper dorsal vertebra to left clavicle in afternoon, with pain on touch, *Euphras.*

— pains in bones and joints of back and limbs at night, *Gels.*

— pains and stitches in back leave a burning, *Comocladia.*

— pains in back while stooping, felt as if something cracked across sacrum, cannot stoop or move for pain, which remains constant even while at rest, but on least movement of trunk or legs, *Kali-b.*

— pains and stitches in back, *Hepar.*

— pains in neck and back, *Colchi.*

— pains in small of back and heart region, *Cact.*

— drawing pains in back, worse when stooping, *Carbo-v.*

— stiffness in whole left side of back from the nape down into

the sacrum, with unbearable pain at the least motion in turning of parts, Guaj.

Rheumatic pains about right shoulder and various parts of back, Chrom-ac.

— pains in back and shoulders, *Rhod.*

— pains in back followed by burning, Bapt.

— pain in back, Bell.

— pains in side of back, Ambros.

Riding, aching when riding in a carriage, *Nux-v.*

— a jar from riding or a misstep hurts her back severely, Sepia.

Rigid, muscles of back rigid, even a tetanic condition may ensue, Physos.

Rigidity, in the back, Petrol., Stram.

Rise, scarcely able to rise or stoop after sitting, *Æscul.*

— pain in small of back, after sitting can scarcely rise, *Puls.*

Rising, after rising the whole back was painful so that she could scarcely move, with weariness of limbs, aversion to eating and working, with shivering chilliness without thirst, Hepar.

— soreness in small of back on rising, with rumbling in abdomen, Fer.

— in small of back when rising, after having been sitting; a violent pain which hinders his rising, also impedes the motion of the thighs, Agari.

— violent pain in small of back while rising from sitting, disappeared when walking, Ant-cr.

— cracking sound from first cervical vertebra on rising from sitting, with stiffness in left side of neck, Zing.

— stiffness in back on rising in morning, Sul-ac.

Ringworm, red spots like ringworm on back, All-sat.

Rolling, cutting in small strip in side of abdomen over against the back, then rolling in abdomen while the pain goes off, Sarsa.

Rubbing, burning small spot in small of back, better from rubbing, *Phos.*

Rumbling, itching, crawling and smarting in whole of back, followed by rumbling, *Alum.*

Scream, nightmare while lying on back awakens him with a scream, *Guaj.*

— violent pain in small of back when making least bodily effort, sometimes obliging him to scream, *Calc-phos.*

Screwed, pain in small of back as if screwed in, *Kali-iod.*

— in sensation on rising from a seat, in small of back, *Zinc.*

Seat, pain in small of back on rising from a seat, *Sul.*

— pain in small of back, ceases when rising from a seat, *Cyclam.*

— stiffness from pain in small of back when rising from seat, *Sil.*

— pain in small of back as after overlifting, worse at rest, night and in morning and when rising from a seat, *Staph.*

— insupportable backache toward evening and on rising from a seat, *Ars.*

Seminal, backache with seminal emissions, *Dig.*, *Kali-brom.*, *Kob.*, *Sarsa.*

— backache feels better after an emission, *Zinc.*

Sensitiveness, and pain in occiput, upper part of back and upper chest after a severe jarring, *Glon.*

— of upper part of back and neck, to touch or from lying on it, with swelling and heat, *Glon.*

— sweat on back with sensitiveness to cold air in morning, *Chim-m.*

— as if paralyzed in back and neck, *Coccul.*

— during short intervals of consciousness complains of great sensitiveness of back and neck and whole spine, *Coccul.*

Severe, puts right arm to small of back and draws mouth as if he had severe pain, *Stram.*

Sewing, pain in back, worse when sewing, *Secale.*

Sexual, backache from sexual excess, *Calc-c.*, *China*,
Nat-m., *Nux-v.*, *Phos.*, *Phos-acid.*, *Puls.*, *Sep.*, *Staph.*,
Carbo-v., *Sul.*

Sharp pain in back, *Merc-i-fl.*, *Con.*

— pain in back with chills in dysmenorrhœa, *Con.*

— neuralgic pains in back, *Iod.*

— pain shooting through back, *Lith.*

— pain in back running up, with constriction of anus, *Coloc.*

— pains in back rendering motion when not in an erect position intolerable, *Tereb.*

— spasmodic pain in back running to crest of left ilium, *Helon.*

Shifting, pains in back, worse when drawing a long breath, *Sang.*

— pains in back, intercostal neuralgia, *Mag-ph.*

PHOSPHORUS IN PERITONITIS—A VERIFICATION.

HOWARD CRUTCHER, M. D., CHICAGO.

The day after Christmas, 1897, Loretta M., a vivacious Irish girl of sixteen, was taken with severe abdominal cramps while riding in a street car. After arriving at home, a few moments later, she vomited twice. The next day a sharp, prolonged chill came on, and the case came under the care of the Dunham College Dispensary. The Dispensary physician sent for me the day the chill came on. While a prompt diagnosis of perforating appendicitis was given, the patient's family were so violently opposed to surgery that I advised nothing of an operative character. My judgment, expressed to the attendant, was that a fatal termination from sheer neglect was about all that could be expected.

Three days later the condition of the girl was so critical that her family clamored for an operation. If I had pos-

sessed a shadow of regard for my "per cent." record I would not have gone near the case with a satchel of instruments. A firm "tumor" was located in the right iliac region. The mechanical difficulties of the operation were very trying. The gut was glued firmly to the abdominal wall anteriorly, and the abscess was located behind the cæcum. A heroic slash with a beautiful bistoury would have laid the gut wide open for a couple of inches, but no pus would thereby have been found. The contents of the abscess nowhere appeared against the anterior parietal peritoneum. The adhesions were so frail that the general cavity got a wholesale dose of pus. Prolonged flushing brought out about half a pint of fetid pus and a great deal of flaky lymph. After the insertion of a large Mikulicz drain the patient was put to bed. The shock was not threatening.

Up to the fourth night the progress of the case was far more favorable than I had dared to hope it would be. About the beginning of the fifth day the crash came with a vengeance. The pulse was 130, the mind was wandering, the urine and feces passed without restraint, and it was very evident that the girl was rapidly sinking. *Arsenic* was given repeatedly, but without avail. I sent a message to the students who were nursing the case, to the effect that death was inevitable, but that a hot saline enema might prolong life.

On attempting to give the enema the rectum was found to be open, and no resistance whatever was offered by the sphincter ani. Grayish-white fecal discharges, watery and offensive, passed constantly. The students recognized the indications for *Phosphorus*, gave a dose of that remedy, and, instead of dying, the girl got well.

This was the most remarkable recovery that I have ever seen in septic peritonitis. I am not foolish enough to believe that many such cases ever will recover, but this case did, and the diagnosis was so absolute, the prognosis so des-

perate, and the result obtained so conclusive that the skeptic who doubts it would not believe though one arose from the dead. The improvement was not of that instantaneous character so popular in imaginative literature, but it was clear-cut and amply convincing.

I have nearly fallen out of the habit of reporting my recoveries in appendicitis operations, and this case would not be given were it not for the convincing evidence it affords of the priceless value of rational therapeutics in desperate surgical cases.

PYROGEN IN TYPHOID.

F. E. WATTS, M. D., OLEAN, N. Y.

Reading the case of typhoid and Hydrocyanic-acid in THE HOMŒOPATHIC PHYSICIAN for November, 1897, page 449, reminded me of a case of typhoid fever I had last summer, and of the action of Pyrogen upon its progress.

A young lady of about twenty-four followed in the same school two other young ladies who had quit teaching on account of the fever, one going through a full course of typhoid. I was called to see her July 1st last. On the second day she became wild and delirious, presenting all the symptoms of typhoid fever.

On July 3d her morning temperature was 104, and evening 104 2-5, when I thought of what Dr. Swan had said of the action of Pyrogen, "It always abated the severity, often shortening the length of the fever, and never having any relapses." I gave a dose of Pyrogen, DMM., when that night she was less delirious, she being better the next day, and continued to do nicely under placebo until July 8th, when she had sinking spells, and they were afraid she would die. I gave another dose of Pyrogen, DMM. (Swan), although there was not an elevation of temperature. She improved at once under its action, and July 26th I discharged the case.

She commenced teaching school in a country district in September, and has continued her work in good health except to her chagrin in the fall her hair came out, so she had to cut it off short. Here is a record of the temperature:

July 1, 5.30 P. M.,	103 3-5°	July 8, 10.00 A. M.,	102°
" 2, 9.30 A. M.,	103 1-5°	" 8, 5.10 P. M., Pyrogen, . . .	102°
" 2, 5.30 P. M.,	104 2-5°	" 9, 10.10 A. M.,	101 2-5°
" 3, 9.30 A. M.,	104°	" 9, 5.10 P. M.,	102 2-5°
" 3, 5.30 P. M., Pyrogen, . . .	104 2-5°	" 10, 9.30 A. M.,	98 1-2°
" 4, 10.00 A. M.,	103 4-5°	" 10, 6.00 P. M.,	101 2-5°
" 4, 5.30 P. M.,	104°	" 11, 10.30 A. M.,	100 2-5°
" 5, 10.00 A. M.,	103 3-5°	" 11, 6.40 P. M.,	100 3-5°
" 5, 5.30 P. M.,	103 4-5°	" 12, 10.20 A. M.,	98 1-2°
" 6, 9.30 A. M.,	103 1-5°	" 12, 5.30 P. M.,	100 3-5°
" 6, 6.00 P. M.,	103 1-5°	" 13, 10.00 A. M.,	98 2-5°
" 7, 9.30 A. M.,	102 4-5°	" 13, 5.30 P. M.,	99°
" 7, 5.15 P. M.,	103 2-5°		

From this time on the temperature was about normal, except July 25th, when it went to 100 degrees F.

The more I use the nosodes the better satisfied I am with their action.

VOMITING FROM HAWKING MUCUS.

A. B. EADIE, ITHACA, N. Y.

A few years ago I was applied to by a patient who suffered from vomiting his breakfast, caused by attempting to clear his throat of an offensive catarrhal mucus. I made a number of prescriptions that did little but palliate, and finally for some intercurrent malady gave him *Euphrasia* 2c. He returned after a few days to say "that medicine cured him of vomiting his breakfast." This fall I had a patient who complained that every morning on his way to work he vomited his breakfast on clearing his throat of an offensive phlegm. He suffered all last winter from the same trouble, and now it had come on again. *Euphrasia* 2c. removed the trouble at once, and he has been free for about a month.

VACCINATION AN UNHOMŒOPATHIC MEASURE.*

B. FINCKE, M. D., BROOKLYN, N. Y.

It is true, as said in the article on "Vaccination" in the September number of THE HOMŒOPATHIC PHYSICIAN, page 367, that the fourth American edition of Stratten's translation of the fourth German edition of *The Organon* of 1829, provided by the American editors with improvements and additions from the fifth German edition of 1833, on page 75 contains the quotation about cow-pox in relation to small-pox as being homœopathic to it in appearance and action. In Dudgeon's translation, however, it is not to be found, for the reason that it is also not contained in the fifth German edition. On examination it is found that the pages 59-89 in the American Stratten, giving numerous examples of *homœopathia involuntaria* in allopathic practice which were taken from the fourth German edition, have been left out in the fifth by Hahnemann himself. Thus, also, cases of scabies curing diseases in the third edition have been left out by him afterward because he deemed them inappropriate. On the other hand, the sections relating to the resemblance of cow-pox to small-pox have been inserted in the text of *The Organon* ever since 1810 up to 1833 as examples that similar diseases overcome one another on account of their homœopathicity.

To this first follows a second quotation from a letter of Hahnemann, expressing his horror at the attacks on cow-pox vaccination from the year 1825. To this can a third quotation be added from a letter to Stapf December 22d, 1825, in which Hahnemann is horrified at the opposition to Jenner's vaccination in England "after Jenner's protective cow-pox has proved successful everywhere." And finally, in 1829 he reverts to small-pox and cow-pox in their instantaneous infection when "at its inoculation the morbid fluid comes in contact with the exposed nerve in the bloody scratch." (See *Chron. Dis.*, page 43, German

* Read before the Brooklyn Hahnemannian Union, December, 1897.

edition.) This is all that could be gleaned thus far from the writings of Hahnemann, numerous as they are.

What follows from these quotations? Does it follow that the inoculation of the cow-pox, genuine or spurious, as used nowadays, is a homœopathic measure? Is it on that account obligatory upon every homœopathic physician to practice vaccination as prescribed by law? Is the mode of inoculation of matter which is neither original cow-pox nor inoculated human cow-pox, but animal cow-pox of questionable origin, hence altogether different from Jenner's vaccination, to be considered authoritative vaccination? Is it a heresy to say that this kind of vaccination is only a conventional substitute for inoculation with vaccine, which alone can be called vaccination, lacking all claim to resemblance to small-pox and cow-pox, and therefore unhomœopathic in appearance and action? Have the homœopathic physicians fallen so low that still, after all the experience of many years, they hang on to that contemptible tail of the allopathic profession, inoculation of animal infectious matter? And can there be any doubt about it, that this kind of vaccination is incompatible with and antagonistic to homœopathic practice?

Even falling back upon the authority of our beloved Hahnemann cannot strengthen the belief in vaccination, for he nowhere has taught and inculcated vaccination in any form, and is perfectly silent about it, mentioning only as a precaution the giving of a dose of Sulphur after the operation to prevent any deleterious action. This silence is still more ominous for the friends of vaccination, since there is no mention of small-pox as a consequence of one of the original miasms. We do not know whether he had vaccinated himself, though we may, from the forcible expressions in the letters quoted, assume that he did. Nor do we know why he passed over such an important subject without alluding to the prophylactic measure of preventing small-pox when he mentioned Belladonna as a preventive of scarlatina, and used the resemblance of small-pox to cow-pox as a confirmation of the homœopathic law. How, then, can any homœopathician favoring vaccination base his adherence to it upon Hahnemannian authority, and blindly follow the allopathic crowd in its senseless

clamor? Of course every physician has a right to his opinions, and no fault can be found with him if they are founded upon reason. But to base this vile measure upon the teachings of homœopathics by Hahnemann must be denounced as an irresponsible departure from it, and such practice declared to be without right and reason in a homœopathician. This barbaric inoculation of a poison for a protection from small-pox has originally come from the barbarism of the Orient, and the Occident has taken it up as the salvation from the epidemics of small-pox which from time to time scourge the nations. There is ample proof that it does not furnish the protection which is claimed for it; quite the contrary is the experience, according to the testimony of creditable persons and authorities, that the inoculation renders the vaccinated and re-vaccinated more susceptible to the infection with small-pox, so that they are the first to be affected in an epidemic.

Strange that Hahnemann, the arch-enemy of allopathy, should be quoted by homœopathicians as a staunch upholder of an entirely unhomœopathic measure in contradiction with his scientific and humane teaching throughout his works. Nobody has a right to load him down with such a monstrous charge, least of all those who bear his name. Admitted that Hahnemann advocated vaccination with cow-pox and practiced it himself, this does not prove anything for doing as he did. Yet his silence after 1829 shows unmistakably that he had changed his mind, or else he would have made a mark of it in his last edition of *The Organon*, in 1833, or afterward, for he lived ten years longer. Once he owned up that his examples of itch curing disease were a mistake, and he left them out in the following editions. If he was so honest in this, why should we not assume that he was equally honest in not recommending vaccination, and give him the benefit of the doubt? There is indeed no "sad blot" on that great work, *The Organon*. Hahnemann, at the time when he was occupied with the bringing out of his immortal work, the *Chronic Diseases*, had more to do than to bother himself with that wretched vaccination question.

Stranger still, that men who know the superior power of the

infinitesimals and practice accordingly should stoop to advocate the forcible vaccination of our age. Do they administer their infinitesimal remedies by hypodermal injection? Do they not see that this vile operation introduced by Jenner a hundred years ago has been made the type of allopathic medication, so that at the close of our glorious century they inoculate their pernicious remedies of all sorts directly into the organism? How can they reconcile this unphysiological procedure with their reason, not to speak of their conscience? Nothing more glaringly shows the difference between allopathic and homœopathic practice than this baleful dogma of vaccination. Hahnemann has taught everywhere that medicine, if homœopathic to the case, cannot be given in doses too small; nay, he insisted upon it that the homœopathic remedy should be so prepared by his peculiar method of potentiation that neither the senses nor the physical and chemical tests of science could detect the least presence of drug or matter in it, so that any thought of State supervision could not be entertained. And here a Hahnemannian homœopathician states that "by inference, if not by innuendo, the idea is conveyed that a belief in vaccination and Homœopathy are antagonistic." Neither by inference nor by innuendo this idea has been conveyed, but by plain reasoning upon plain facts. (See *American Homœopathist*, 1886, p. 114; *Journal of Homœop.*, 1889, p. 152; *HOM. PHYSICIAN*, 1886, p. 83; 1888, p. 544; 1890, p. 304; 1892, pp. 465, 468, 476, 478, 482, 485; 1893, pp. 17, 392, 598; 1894, pp. 85, 163, 274, 283; 1885, pp. 228, 267, 431; 1896, pp. 420, 496; 1897, pp. 226, 325, 347, 371, 375; *Proceed. of I. H. A.*, 1892, pp. 100, 110; 1894, p. 210; 1895, pp. 69, 254; 1896, p. 143; 1897, p. 245.)

Does this vaccinator in his practice ever inoculate or inject the thirteenth, the two hundredth, the thousandth, or even the hundred thousandth potency into the system in the manner now generally adopted by allopathy? Very likely not. Why should he then follow the big crowd which finds its salvation in vaccination, and participate in promoting this wholesale poisoning of the nations under the pretext of stamping out the epidemics of small-pox which in spite of their efforts go on all the same?

Have there not been victims enough to increase their number by the perpetuation of this outrage upon mankind?

To return to the quotation first given, which occurs in the introduction to *The Organon* of 1829 for the last time, it says nothing more than that cow-pox can protect from small-pox only because it is homœopathic, and the latter, appearing only once in a lifetime, is the weaker, if the stronger similar cow-pox supervenes upon it. But even that is not distinctly demonstrated, in 1833 (*Organon*, Section 46), where small-pox is declared to be the stronger disease, and is merely ameliorated by inoculated cow-pox in its maturity. But of protection there is not a trace. Besides, small-pox befalls some individuals several times in a lifetime.

To construe from the foregoing that every follower of Hahnemann, rather every disciple—for there are too many mere followers—is bound to vaccinate and re-vaccinate as is the fashion now, this inference and innuendo passes all understanding. May, then, he who vaccinates and thinks the world of it, do as he pleases, for this is a free country, where, alas! anybody can go to perdition who wants to. But let every one else rise up against that intolerable tyranny, placed like a yoke upon the neck of this free nation, to compel every living child to be vaccinated on penalty of exclusion from an education through the public schools if they do not bow down before this modern Gessler's hat.

It has been stated that cow-pox is syphilis, a question which is not yet settled; that it transfers disease in the sound body, of which there are shocking examples, not one but many; that there are other methods of protection from small-pox which most anti-vaccinationists reject because they come from the homœopathic camp; that water-treatment is an effective means of combating small-pox, of which there is ample testimony; that small-pox can be prevented and cured homœopathically, of which there is no doubt; that it gets well under suitable hygienic management, which is quite reasonable; that general improved sanitary conditions will lessen and mitigate the epidemics, as is a practical experience. All these points are legitimate subjects of

scientific research, which are open to all thinking men, and should be carried on with diligence and thoroughness upon homœopathic principles. But compulsory vaccination should be rejected with all the scorn and energy of free men.

Ceterum censeo macrodosiam esse delendam.

BOOK NOTICES.

OUTLINES OF RURAL HYGIENE. For Physicians, Students, and Sanitarians. By Harvey B. Bashore, M. D., Inspector for the State Board of Health of Pennsylvania. With an Appendix on "The Normal Distribution of Chlorine," by Professor Herbert E. Smith, of Yale University. Illustrated with twenty (20) engravings. 5½x8 inches. Pages vi-84. Extra cloth, 75 cents net. The F. A. Davis Co., Publishers, 1914-16 Cherry Street, Philadelphia; 117 West Forty-second Street, New York city; 9 Lakeside Building, 218-220 South Clark Street, Chicago, Ill.

This admirable little book deals with the question of water-supply in the country from wells, rivers, and springs. The contamination with sewage and other deleterious matters is clearly shown, and methods of improvement in the quality of the water suggested. The tilting of strata and the result in contaminating underground streams of water by drainage into them of organic matter from the surface is clearly shown. The question of the disposal of excreta, slop-waters, garbage, ashes, and other refuse is discussed and a method of disposing of it suggested. The chapter on "soils" is very condensed and very interesting, and summarizes the new views of that subject. We cannot refrain from noting a few of these teachings. The uppermost layer of soil is called "surface soil." It is largely made up of *humus*, which is the product of decomposition of animals and plants.

This surface soil is full of life—bugs, worms, and bacteria.

This "surface soil" is a vast laboratory for processes that feed and clothe the race.

The "surface soil" is infested with bacteria which are the great scavengers, and bring about decay and disorganization which is called *nitrification*, and the products are ammonia, nitrites, and nitrates, the last being food for plants. Sewage farms, filter beds, and earth closets are processes of *nitrification*.

Excessive heat destroys the nitrifying bacteria, and therefore oven-dried earth is of no use as a disinfectant. It can act only as an absorbent.

Germicides destroy nitrifying bacteria. Hence carbolic acid added to a manure heap defeats the object sought, and prevents the nitrification of the organic matter and its consequent neutralization as an element dangerous to health.

The foregoing comments do not exhaust the material of the book, but there is not space or time for more. So many of the subscribers to this journal are country practitioners, to whom the subjects treated in this book are of the highest importance, that this notice has been so written as to enable them to see for themselves how valuable it must be to them, every one.

THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. XVIII.

MARCH, 1898.

No. 3.

EDITORIALS.

SILICEA.—This remedy has ulcers on the vermillion border of the lower lip. This is similar to Nitric-acid.

Natrum-muriaticum has fever blisters on the vermillion surface of the lips.

Several other remedies have these fever blisters.

The Editor once talking to Dr. Lippe on the subject of fever blisters upon the lips, years after he had ceased to lecture, gave the following list of remedies from Jahr:

Alum., Ammon-c., Ammon-mur., Arsen-a., Aur., Bell., Bry., Canth., Carbo-a., Carbo-veg., Caust., Cicuta, Clematis, Conium, Graphites, Hellebore, Hepar., Kali-carb., Lanium, Mag-carb., Mag-mur., Manganese, Mercurius, Muriatic-acid, Natrum-carb., Natrum-mur., Natrum-sulph., Nitrum, Paris, Phosphor., Platina, Ratanhia, Rhododendron, Rhus-tox., Sarsaparilla, Senega, Senna, Sepia, Silicea, Staphysagria, Sulphur, Valeriana, Veratrum, Zinc.

Silicea has caries of the lower jaw; this is very characteristic of Phosphorus. Caries of the lower jaw is reported to

occur in the employees in match factories where phosphorus is used as an ingredient of the match-heads.

Silicea has toothache made worse by drawing cold air into the mouth, and Calcarea has toothache made worse by drinking cold water.

Silicea has sensation of a hair lying on the forepart of the tongue, and Kali-bichrom has sensation of a hair in the throat. Natrum-muriaticum has hair growing out of the tongue, and Arsenic has sense of hair in the throat like Kali-bichrom.

Under Silicea, when swallowing food, it easily gets into the posterior nares. This is a keynote of Dr. Guernsey.

Silicea has want of appetite and excessive thirst. Sulphur has the same symptom.

The Silicea patient has aversion to warm cooked food. He desires only cold things. Phosphorus has this same symptom. Lycopodium has aversion to boiled warm food.

Silicea has sour eructations after eating, and so has Sepia. Calcarea also has this symptom.

Silicea has vomiting after drinking. So also have Arsenicum, Ipecac, and Veratrum.

Silicea has vomiting as soon as he moves.

Silicea has sensitiveness of the pit of the stomach to pressure, and so has Nux-vomica. The Nux-vomica patient gets soreness of the epigastric region and upper part of the abdomen from coughing.

Silicea has hard, bloated abdomen, and Calcarea has swelling of the abdomen like a saucer turned bottom up. This is Dr. Guernsey's keynote.

Silicea has colic, with constipation. The pain is cutting. This is a characteristic.

Silicea has colic, with yellow hands and blue nails. This is a characteristic of Silicea.

Silicea has swelling and induration of the liver. This is similar to Mercurius and Lachesis.

Silicea has incarceration of flatulence difficult to discharge. If it be discharged it is very offensive. Lycopodium flatulence is not offensive.

Silicea has rumbling of flatulence in the abdomen. So also has Lycopodium. It is Guernsey's keynote for Lycopodium.

VACCINATION IN THE LIGHT OF THE ROYAL BRITISH COMMISSION.—The Editor has received two or three letters from distinguished subscribers protesting against the further publication of the evidence upon the subject of vaccination. The tone of these communications indicates a certain misunderstanding on the part of the writers, and of objection to having the testimony placed within reach of those who are interested. In view of the fact that these objectors are homœopathic physicians, their opposition is somewhat surprising, and induces the Editor to take formal notice of their protests.

The fact that vaccination is doing mischief of a very grave character in the community is accumulating very rapidly. This evidence, with the tendency to extend the operation of the vaccination principle to the treatment of diphtheria and to many other diseases, has excited inquiry as to the scientific foundation of vaccination. These inquiries are very difficult to answer. The Editor considers himself fortunate in having obtained the desired answers in the very remarkable and able papers of Dr. Levenson, which are a condensation of the elaborate and exhaustive investigation ordered by that distinguished body, the British Parliament. The Editor thought the revelations in these papers were so astounding that he was conferring a favor on his readers by publishing them. In view of these protests, however, he desires to receive from the profession a full and free expression of views upon the subject, and if the writers so desire their papers will be published.

VACCINATION IN THE LIGHT OF THE ROYAL BRITISH COMMISSION.

M. R. LEVERSON, M. D., FORT HAMILTON, L. I., N. Y.

(Continued from February No., p. 68.)

We return to November 27th, 1889.

Q. 4,512-3 (By Mr. Meadows White). Dr. Cory puts in some tables showing 32,002 cases of calf lymph vaccinations from April, 1882, to end of September, 1889, and of 323 "cases that returned for complaint," viz.: 260 sore arms, 38 eruptions, 16 erysipelas, 8 axillary abscesses, and 1 abscess over the sternum; also 8 cases of death.

Q. 4,527 (By Mr. Picton). The cards before mentioned (Qs. 4,370 and 4,509) are sent out in the cases of vaccination by human as well as by calf lymph.

Q. 4,528. "You told us you found no case of insusceptibility to vaccination; is there such a thing as insusceptibility to small-pox apart from vaccination?" "That would only be an opinion. No; I do not think there is; of course I am supposing the small-pox virus to be used under the same conditions that vaccine is used."

Qs. 4,529-30. He thinks that that is the opinion of medical men generally.

Q. 4,531. Does vaccination create insusceptibility to re-vaccination?" "It does for a certain time afterward."

Q. 4,532. "For how long?" "It varies immensely."

Q. 4,533. "Have you tried to re-vaccinate cases that had been vaccinated?" "Yes."

Q. 4,534. "What is the shortest limit of time within which you find it possible to re-vaccinate after vaccination?" "That depends on what you mean by 're-vaccinating.' Different people have different meanings attaching to the word."

Q. 4,535. "What I mean by re-vaccination is what is ordinarily meant by re-vaccination, the practical appearance of a vesicle after a certain number of days?" "Yes; but are you taking the eighth day? Because many re-vaccinations run the whole course before the eighth day."

Q. 4,537. "What I meant by my question was, What is the longest time after a primary re-vaccination that you have found re-vaccination impossible?" "You are looking at the thing from an entirely different point of view to what I am; any answer I should give you would be a misleading one from your point of view."

Q. 4,538. "I am only asking you for the fact. I only want to know for how long a period of time primary vaccination prevents susceptibility to re-vaccination. You say the time varies?" "It would be a very short time if you looked to results immediately afterward, but a very considerable time if you took the ordinary day for inspection, the eighth day."

Q. 4,539. "I do not quite understand you?" "If you would kindly read this pamphlet I have here, *Some Aspects of the Vaccination Question*, you would perhaps get from it the information you require."*

Q. 4,540 (Sir James Paget). "Would you expect that a person vaccinated last month could be effectually re-vac-

*Having attentively studied a copy of this pamphlet, which is a reprint from Volume XV of *St. Thomas' Hospital Reports*, and which I procured from England for the purpose, I confidently assert that it nowhere furnishes an answer to Mr. Picton's very plain question. The only thing approaching an answer is to be found on page 6, as the results of the protracted torture of an infant by eleven vaccinations on eleven successive days; the sum of such results is that all inoculations made during the last four days, *i. e.*, after the eighth day, were "unsuccessful."

It was also found that all the "successful" vaccinations matured on the same day, *viz.*, the ninth. The rest of the pamphlet is a childish pretence at *scientific*, aye, even at geometrical illustration of a *non-sense*!

inated twelve months hence?" "Yes; a certain result would be produced.

Q. 4,541. Also six months hence.

Q. 4,542. "Three months hence?" "Between three months and six months."

Q. 4,543 (Mr. Picton). "For from three months to six months the human subject would be insusceptible to re-vaccination?" "Yes."

Q. 4,545 (Mr. Picton). "Does small-pox create insusceptibility to small-pox?" "To attacks of small-pox undoubtedly it does, in most people and *for a long time*,* but as regards fatality of that minority of cases that become attacked by small-pox a second time my answer must be no. If you read that paper you will see some facts that throw light upon the point."

Q. 4,546. "I want to have an answer on the minutes. Your answer is no?" "My answer is no; small-pox confers no certain immunity from death by small-pox. A second attack of small-pox when it does occur is sometimes almost as bad as the first."

Q. 4,547. "Does small-pox give insusceptibility for any period of time?" "Yes; for a great many years." (Q. 4,548.) "For more than three months?" "Yes."

Q. 4,550. Inoculation for small-pox and natural small-pox are two separate things, and (Q. 4,551) Dr. Cory regards vaccination as modified small-pox!

Dr. Cory holds (Q. 4,552) that there is evidence of a difference between natural small-pox and inoculated small-pox; and that after an inoculation of small-pox the system would become as early susceptible to inoculated small-pox as to re-vaccination after vaccination; and, further, that you would have the same kind of complications as you would have with vaccination.

*I have been unable to find any evidence to support this view.—M. R. L.

Q. 4,553. Dr. Cory is not speaking from experience; he has never inoculated small-pox into the human subject.*

*It is easy to trace in this testimony of Dr. Cory the sort of reasoning which has beguiled him and other followers of Jenner, Koch, and Pasteur into their irrational and unscientific reasoning and methods.

Two ideas dominated the medical profession for centuries, both of them unscientific in character, and without evidence for their support. From the influence of these two ideas even Sydenham and Hahnemann were unable wholly to escape.

The first of these was that by habituating oneself to poisons, first by small and then by gradually increasing doses, the system would become fortified against such poisons; and the other, closely related to it, was that certain diseases are auto-protective. Both ideas influence the old school of medicine to this day, and gave rise to the idea of *syphilizing* people to protect them from syphilis, as well as to vaccination to protect against small-pox (Jenner's cunning trick of calling cow-pox small-pox of the cow causing the idea to prevail that it was so), and have also led to the various nostrums of Koch and Pasteur being received with respect. If antiquity could convert nonsense into sense the first of these superstitions would be most worthy of respect. It dates from the time of Mithridates VI, the great enemy of the Romans, and probably from even earlier times. He being in constant dread of being poisoned, compounded a preparation called "Theriaca," composed of a large number of poisonous drugs, in the hope of thereby rendering himself poison proof. The idea continued not only down to Sydenham's days, but much later; its formula, consisting of fifty ingredients, was to be found in the London pharmacopœia of 1762 under the name of Mithridati," while down to 1866 it was still published in the French Codex under the head of Theriaca Andromachi, consisting of seventy-two ingredients!

The idea of the auto-protection of various diseases still largely prevails, although such evidence as we have tends to the conclusion, viz., that every attack of one disease renders the patient after a short period more liable to a second attack by reason of his lowered vitality, and also more liable to be attacked by any other disease which might be going around. But this idea of auto-protection led to the acceptance of vaccination as a prophylactic against small-pox when people were made to believe that cow-pox was "small-pox of the cow" by Jenner's cunning trick of so calling it, a trick laid bare in all its ignominy by Dr. Creighton in *Jenner and Vaccination*, and by Dr. Crookshank in his *History and Pathology of Vaccination*. Imbued with this idea the supporters of vaccination twist everything to its support, and believe anything, however baseless, which can be made conducive to that end. Hence it is that Dr. Cory believes that Dr. Simpson's lymph was procured by the variolation of a cow on the mere reading of Dr. Murphy's notes (Q. 4,331) of what Dr.

To resume.

Q. 4,569 (By Dr. Collins). Dr. Cory believes he was the author of the report which appeared in the *Eleventh Annual Report of the Local Government Board*, on the earlier operations of the animal vaccination establishment in 1882. (Q. 4,570.) In that he referred to the original source of the Dubreuilh lymph which has since been employed at the animal vaccination establishment.

Q. 4,571. "I suppose I may take it that a thorough investigation as to the nature of that lymph was made before it was introduced?" "I am quite ignorant of that. I had the lymph sent to me, and the vaccinations were performed with it."

Q. 4,572. "I understood you to refer to a paper in the *Gazette Hebdomadaire* which contained an account of that lymph?" "Yes." (*Supra*, Q. 4,367 and Q. 4,521.)

Q. 4,573. "Are you familiar with the report in the *Gazette Hebdomadaire*?" "No. I have seen it, but I cannot say that I am familiar with it."

Q. 4,574. "You stated in answer to Q. 4,519 and the two following questions that you were under the impression that so-called spontaneous cow-pox was really due to the inoculation of the cow by a milker suffering from small-pox?" "Yes; it was in answer to a question of Sir James Paget."

Qs. 4,575-76. "You were asked, 'In the case you had your own lymph derived from, you think it probable that some one with small-pox had milked the cow?' and you replied, 'There was small-pox very much about Laforet at the time' (Q. 4,520). Then I asked, 'Is that stated in the *Gazette Hebdoma-*

Murphy supposed Dr. Simpson had stated! It is needless to point out to any one who has had the smallest training in weighing evidence the worthlessness of any such evidence for any purpose, except as something of a guide to future investigation. But neither to Dr. Cory nor to any one of his assistants or superiors does it seem to have occurred that any investigation was needed, so ready were they to swallow whole any statement which chimed in with their "inherited superstition."

daire de Medecine et Chirurgie? (Q. 4,521). A. Yes, I believe so?" I believe so has been added there?" "Yes; I have since added that qualification."

Q. 4,577. "On what grounds did you found the belief that the original source of that so-called spontaneous cow-pox was due to the inoculation from a milker suffering from small-pox?" "I only believed so at the time. It is my general belief that vaccinia is modified small-pox."*

Q. 4,578. "Do you find a specific reference in that number of the *Gazette* to which you refer, stating that small-pox was about at Laforet at the time?" "No; I do not know that I do." (See *supra*, Qs. 4,520-21.)

(In what category of witnesses would an experienced member of the bar class Dr. Cory?)

Q. 4,579. "So that beyond a general belief that cow-pox is referable in all cases to the inoculation of human small-pox, you are not aware of evidence which exists to connect the two in that particular outbreak?" "No; I am not."

Q. 4,586. "Are you aware that the use of the Bordeaux lymph has been discontinued in France?" No; I was not aware of it." (See Q. 4,280.)

Q. 4,587. "Are you aware of suggestions which appeared in print at the time that that outbreak was one of spurious cow-pox?" "No; I am not."

Q. 4,588. "You are not familiar with Dr. Leyet's criticisms upon it?" "No. If it had been a spurious case we should have found it out ourselves."

Q. 4,589. "In what way?" "By the appearance of the vesicle. If you have a cabbage in your garden you know that it is a cabbage, and you do not expect to be poisoned by it."

Q. 4,590 (By Sir James Paget). "Have you had experience

*And this is scientific evidence from an eminent man of science—a veritable expert!

of inoculation with what is called spurious cow-pox carried on from calf to calf, or from arm to arm?" "Never."

Q. 4,591. "Have you seen the result of spurious cow-pox by inoculation?" "No; I have not."

Q. 4,592. "You feel that you could detect the difference?" "Yes, certainly, in the human lymph."

Q. 4,593 (Dr. Collins). "Is Mr. Bosquet an authority on vaccination in France?" "Yes."

Q. 4,594. "Are you aware that he states that there is no constant feature in the form, the color, or the areola to indicate the true cow-pox?" "*I am afraid that I am rather ignorant of French literature.*"

Q. 4,595. "Are you familiar with the appearance of true cow-pox in the cow?" "Certainly."

Q. 4,596. "What outbreaks in this country have you investigated?" "We have only had the lymph that we have been using at the station."

Q. 4,597. "I mean what investigations have you made in natural cow-pox in the cow?" "*Not any.*"

Q. 4,598. "Was the Bordeaux lymph ever submitted to what was known as the variolous test?" "No, I think not."

Q. 4,600. "Are you aware that one of the first cases that was inoculated with the Bordeaux lymph in Paris terminated fatally?" "No."

Q. 4,603. "It would not misrepresent your contention to say that you hold that cow-pox never occurs in the cow except as the result of inoculation of the small-pox of man?" "That is my opinion."

Q. 4,604. "I see you say that 'a right understanding of this matter is one of great practical importance, for if it be true that cow-pox is but modified small-pox, then no longer must we regard the human body as a soil foreign to the vaccine virus, but rather the cow's, and thus a weighty argument now used in favor of animal vaccination would have to be

transferred to the opposite balance.' Would that represent your present view?" "Yes."

Q. 4,605. Dr. Cory thinks that the difficulties of explaining the facts would be greater if it were held that cow-pox and small-pox were independent diseases.

Q. 4,607. Dr. Ballard takes the opposite view, and attributes the disposition of vaccine lymph to deteriorate to the fact of its being cultivated on a foreign soil.

Qs. 4,608-9. Dr. Cory has had no experience of horse-pox or of equination.

Qs. 4,610-11. As a corollary from Dr. Cory's main contention he believes that if cows were not milked and horses were not shod their respective varioloid diseases (as Dr. Cory terms them) would cease to exist.

Q. 4,613-14. Mares suffer as much as horses from the disease, whereas in cow-pox the females only are infected. Dr. Cory thinks this is because the small-pox is conveyed to the heels of horses while they are being shod, and on the cows' teats while being milked.

Q. 4,615. The vesicles also appear in the mouths of horses, but later than in their heels, which he ascribes to the habit horses have of biting themselves on any part that itches, just as vaccinated children scratch their arms and then their buttocks, producing sores upon the latter.

Q. 4,616. "I suppose you do not happen to be aware that at Bordeaux it was found that the success obtained by inoculation with horse-pox was superior to that which was obtained from the use of the Bordeaux lymph?" "I fancy I remember to have heard something to that effect."

Q. 4,617. Equination is more extensively practiced in France than here.

Q. 4,618. Dr. Cory believes that the rarity of cow-pox is due to the diminution of small-pox.

Q. 4,619. He has glanced through the report on the eruptive diseases of the teats and udders of cows which ap-

peared in a publication by the Agricultural Department of the Privy Council for the year 1888.

Q. 4,620. "Are you aware that as a result of an investigation that was made a large number of cases of cow-pox were discovered in various parts of the country?" "Of what they said was cow-pox, I believe."

Q. 4,621. "Does any evidence exist to show that those cases were not cow-pox?" "Not that I know of."

Q. 4,622. "Was small-pox largely prevalent in this country last year?" "No."

Q. 4,623. "The experiments of the Lyons Commission, conducted by M. Chauveau, were to a large extent contrary to the contention you uphold, were they not?" "They were."

Q. 4,624. Dr. Cory has read the papers of Mr. Fleming, of the War Office, upon the subject.

Q. 4,625. "Is Mr. Fleming an authority upon diseases of cattle and horses?" "He is a veterinary surgeon."

Q. 4,626. "Are you aware that he makes this statement: 'I will now venture to dispute every one of the arguments brought forward to prove that human variola and cow-pox are due to the same virus or are the same disease?' " "Yes."

Q. 4,627. "Are you aware that a communication was addressed in the year 1879 by the Irish Local Government Board to the Galway guardians, intimating that lymph obtained by inoculating the cow with small-pox, if used, would render the operator liable to prosecution?" "I heard of it at the time."

Q. 4,628. Dr. Warlomont is an authority upon animal vaccination.

Q. 4,629. "Are you aware that he contends that it is impossible to convert small-pox into cow-pox by the inoculation of the cow with small-pox?" "I was not aware of it, but, I daresay, it is so."

Qs. 4,648-49. After repeating Q. 4,311, Dr. Collins asks,

"Should I be right in interpreting that answer to mean that the test, and the only test except a microscopical one of the goodness of the lymph, would be practically a retrospective one, having watched the stages that the vesicle had passed through?" "Yes, I think so up to a certain time—the time when the lymph is usually taken. You can then tell very well the character of the vesicle."

Qs. 4,650-51. The microscopic test enables you to be sure that there was no blood with the lymph. If a vesicle bleeds at all the lymph is rejected. The same precaution as to excluding blood is not adopted in the case of animal vaccine.

Q. 4,652. "What is the explanation of the difference of procedure?" "The lymph from the animal is *taken by means of clamps*, which are put on the vesicle of the calf. The calf vesicle is so small that you cannot get the lymph out unless it is squeezed out. This pressure also squeezes out the blood, and you cannot obtain the calf lymph without taking also a certain amount of blood, which is at the same time pressed out of the vesicles by these clamps."

Qs. 4,653-54. Witness does not consider it important to exclude blood in the case of the animal, but that it is advisable in the case of the human subject, because it is contended that syphilis may be conveyed by the blood in the human subject.

Q. 4,656. "What evidence exists to show that syphilis is conveyed by the blood and not by inflammatory lymph?" "I do not know that much exists."*

Q. 4,657. He does not remember any evidence pointing in that direction.

Q. 4,658. "Are you aware that Dr. Ballard states in his essay on vaccination that the perfect character of a vaccine vesicle is no guarantee that it will not furnish both vaccine

*There is absolutely none. To suppose there could be is to ignore all that is known of biology, and of the physiology of the blood.—M. R. L.

and syphilitic virus?" "I am not aware of it, but no doubt it is so. I had overlooked that statement."

Q. 4,660. "Would you approve of the statement that the perfect character of the vesicle is no guarantee that it will not furnish both vaccine and syphilitic virus?" "I do not disapprove of it." (See *post*, Q. 8,912.)

Q. 4,661. "He also stated in the year 1868 that 'numerous cases are on record to prove that the vaccine virus and the syphilitic virus may both be introduced at the same spot, and even by the same puncture of the vaccinating lancet, and that in such instances both viruses may take effect, the vaccine vesicle running naturally through its various stages and being succeeded by a chancre on the fall of the crust.' Do you agree with that statement?" "Yes."*

Q. 4,664. "Do I correctly understand you to suggest that there are other cases in which the syphilis is actually communicated by vaccination and the rash makes its appearance in the ordinary sequence?" "There have been a few cases where there has been undoubted conveyance of syphilis by vaccination; but they are very few indeed. In all the authenticated cases there had been a definite interval between the vaccination and formation of chancre, and another interval between the formation of the chancre and the appearance of the secondary symptoms."

Qs. 4,665-8. Dr. Cory is more successful than many other vaccinators, and has had only one failure in primary vaccination in children under ten years of age.

Q. 4,669. Has had very little opportunity of testing whether insusceptibility to primary vaccination is greater in the adult than in the infant.

Q. 4,682. Questioned as to his reason for saying (Q. 4,370), "We hear of almost every bad case," he says: "The

*Dr. Cory has supplied a note to this answer, that "he intended only to admit the possibility of such an occurrence." And yet, of this *possibility* Dr. Cory is a living witness; he invaccinated syphilis into himself!

notice to bring back irregular cases is on the card, and as the calf lymph was something new, parents were anxious, of course, to know that their children were not injured in any way."

Q. 4,683. Compliance with the law terminates on the child being brought back for inspection at the eighth day if the results are satisfactory.

Qs. 4,684-5. Had heard of a case vaccinated at Lamb's Conduit Street having been brought before the Commission which had not been brought back.*

Q. 4,686 (Dr. Collins). "In answer to Q. 4,390, speaking of the cases of erysipelas which followed vaccination at the calf lymph station, you stated that there was probably some want

*This case illustrates the worthlessness of the "statistics" of the English Local Government Board, advanced to show how few cases of injury occur among the enormous number of their vaccinations; the following will do the same for New York:

On June 17th, 1897, one of the medical officers of Brooklyn, L. I., attended the school on Fifth Avenue, corner of Ninety-second Street, Brooklyn, to vaccinate the children there. After performing the operation on the children who "presented themselves," he stated he would return in a week to see how his victims were getting along. Up to the evening of June 26th he had not returned.

On that evening I wrote to the Board of Health of Brooklyn to inform them of this fact; also, that while in many of the children operated upon the poison did not "take," that two of them were suffering severely.

In my letter I informed the Board of Health that these two children (whom I named) needed immediate attention, and that I dared not treat them, lest if sinister results should follow it might be ascribed to my treatment.

Absolutely no notice was taken by the Brooklyn Board of Health, and the poor little sufferers were left without any medical attendance. One of them (a boy of 10), after suffering great pain, got better without treatment; the other (a girl of 8) did not. On July 3d I began to treat her and she recovered. As my treatment was homœopathic there is reason to hope that the child is constitutionally cured; but who can say how much her vitality may have been lowered by the poison thrust into her blood!

But the vaccinating officials of New York will swear that in so many million vaccinations they have only heard of two or three cases of sore arms!

of correspondence between them and the Registrar-General's figures; I do not quite understand what you meant?" "That I should wish to strike out."

Q. 4,688. "In those cases in which convulsions caused a fatal termination shortly after vaccination, do you trace any causal connection between the two or not?" "Children often die of convulsions owing to something that irritates the bowels, or to mere indigestion, which is quite sufficient to occasion convulsions, and when a child dies of convulsions after vaccination I do not know that you can attribute the death to the vaccination at all."*

Q. 4,689. "You do not think that among the variety of things that might cause convulsions the inflammatory fever following vaccination is one?" "I think it may, perhaps, now and again have something to do with it, but it would always be doubtful whether the death was not from other causes."†

Qs. 4,690-4. Dr. Cory makes five insertions. There is not much difference in results between five and four, but there is between four and three, and as a place occasionally fails, he wishes to get the full result. He does not agree with Curschmann, who advocates six insertions in each arm, and "certainly not" with the authorities who consider that one mark is as good as a number.

Qs. 4,695-4,703. Has taken the temperature in only four cases—in the rectum; the results were nearly uniform; it rises

*In truth children never die *of* convulsions, though they frequently die *in* convulsions. And as Dr. Cory recognizes "mere indigestion" as a cause of fatal convulsions, how much more likely is that to be a cause which the strongest advocates of vaccination admit to be "a real disease" causing a "tumult in the blood" which completely changes the constitution of the patient!

†Since 1881 the vaccinating officials of England and Wales have been forced to admit over fifty deaths annually from vaccination. The real number would be more than ten times fifty.

gradually until on the seventh day; the average is 99.7.* He has not taken the temperature of the calf, but *believes* it to be elevated concurrently with the appearance of the vesicles.

Q. 4,704. He does not think that the treatment will explain all the cases of sore arms, and did not mean to imply that it did by his answer in Q. 4,383.

Q. 4,705. "In answer to Q. 4,491 you state, 'My impression is that you get more sore arms after using calf lymph than after using humanized lymph,' would not that suggest that at any rate some of the sore arms are referable to the lymph rather than to the treatment?" "Yes; partly to the lymph."

Qs. 4,706-8. The cicatrices vary immensely as the result of inoculation with the same lymph in different persons. Some are foveated, some plain, some puckered. Where the inflammation has been great you get a puckered cicatrix; where it has not been so extensive, you get a foveated scar.

Q. 4,709. Thinks that the absence of foveation is an indication that the lymph is not of good quality. He finds a great variation in the cicatrices. Lymph that always produces a plain scar is generally weak lymph.

Qs. 4,711-12. Plain scars result sometimes from vaccination in the witness' practice. He considers the protection in such cases would be less perfect and less lasting, although such cicatrices might have resulted from the use of the best possible lymph.

Q. 4,717. The evidence on which witness founds this opinion is that of the results of re-vaccinating such cases.

Q. 4,718. "In what way does re-vaccination differ when it is performed upon a person with plain cicatrices, and when it is performed upon a person with foveated cicatrices?" "The results are so uncertain that I should be very sorry to

*This *scientific* witness has taken no steps to ascertain an easily ascertainable fact, but yet expresses his *belief*, without facts!

give a prediction of how the re-vaccination would take, whether in a foveated cicatrix or in a plain cicatrix of previous vaccination; but I think that taking a large number of cases you may say that you generally get less results from re-vaccination in persons with well foveated cicatrices than in persons with plain cicatrices."

REPERTORY OF THE BACK.

E. H. WILSEY, M. D., PARKERSBURG, W. VA.

(Continued from page 35.)

Shirt, sensation on skin of back as if he wore a stout woolen shirt, Fer-sul.

Shivering, in back, Cepa., Dig.

— on back with tenesmus and small loose stools, preceded by terrible soreness in intestines, Thromb.

— intense fever, commencing with chills running down back like streams of cold water, causing shivering and chattering of teeth, Variol.

— from the feet up the back, extending into the arms at 6 P. M. for one-half hour, Sul.

— in back in A. M., with frequent yawning and inclination to sleep, Graph.

— running down back, Chel., Variol.

— and shuddering in the back chest and epigastrium, Mez.

Shiver, feverish shiver every A. M. at 9 o'clock, with some nausea without any subsequent heat, Mag-c.

— pinching and cutting below the navel with shivers over the back, then heat in head and urging to stool at noon, Mag-m.

— over the back with stitches in the head, Mang.

— all over back, with red cheeks and cold hands, Euphorb.

Shock, an undulating shock in back, causing him to start with a fright, Stann.

Shooting, constant pain in back shooting through body to both sides and along spine to occiput, and even to temples at times, worse by walking and stooping, *Coccul*.

— pain down right side of back, *Fer-sul*.

— pain goes from right to left side of back and shoots down legs, *Lob*.

— sharp pains up back with hemorrhoids, generally blind or aching, with lameness, *Æscul*.

— small furuncle on back, with shooting pains when touched, *Mur-ac*.

— from left side of back through to chest when taking a deep breath, *Mez*.

— itching pain in middle of back, ceasing when rubbed, *Mang*.

— violent pain in back between hips, *Sil*.

— weakness and pain in small of back, and sharp shooting from lumbar vertebra to crest of ilium 6 P. M. on right side, *Chrom-ac*.

— burning and still more shooting in the back, seemingly in the marrow, *Mag-m*.

— also in back, while standing very violent, *Zinc*.

— and stitches down from back to hip, *Kali-c*.

— several paroxysms daily of half an hour duration, first a gripping and clutching in back, when it comes like a shooting into the side, *Lyc*.

— and tearing in the back when moving, especially at night, *Nit-ac*.

— violently on left side of back so that she dare not move, but movement brought relief, *Mur-ac*.

— frequent in the back after diarrhœa with colic, *Calc-ars*.

— through small of back, *Lyss*.

— and stitches in back at times, on the right side of chest in the evening, also at night, disturbing sleep, *Nat-c*.

— deep in the cardiac region extending to axilla and back,

with shooting in the thigh, extending to the heel when sitting, ceasing on rising up in evening, Mur-ac.

Shooting, burning fine shooting on a small spot in middle of back, Stann.

— and burning in the back in the morning, ceasing after rising, but the back remains sensitive and as if bruised, Nat-c.

— and pressive tearing in the back near the scapula, Kali-c.

— violently while lying on his back, Kali-c.

— in chest and muscles of back, Sul.

— fine in the back outward, Stann.

— from back to stomach pit, Rhod.

— in back toward sacrum when sitting, Lyc.

— excoriating shooting, in the right half of the back as from needles, Plat.

— from small of back into left hip bone at 3 P. M., Chrom-ac.

Short, muscles of the back feel too short when bending forward, Agari.

— pain in small of back, tensive as if everything were too short, and violently on stooping, Sul.

— drawing in back as if it were too short to allow stooping without pain and difficulty in keeping upright, Calabar.

Shoulder and back pains, Stram.

Shudder in the back, in evening after lying down, without subsequent heat, Nat-c.

— over the back and arms, Mez.

— heat in the evening with a thrill of cold and shudder over the back without thirst, Nat-m.

— when startled at night shudder in back, Carbo-v.

— in back especially while sitting, Nat-m.

Shuddering over back, extending into feet and arms. Calc-ars.

— chill over back, Phos.

— in back, Carbo-v.

— over single parts of back, Ars-hyd.

Shuddering and feverish chill in back, Guaic.

Sickness, bruised pain feeling as if a severe sickness had seized him, Myrica.

Side, pains which are excited or worse by lying on side, are better by lying on back, *Puls.*

Sinking sensation going from back to heart, Lyss.

Sitting, patient cannot sit at all, they are very much worse by sitting, particularly backache, Zinc.

— scarcely able to rise or stoop after sitting, *Puls.*, *Æscul.*

— stiffness in back on sitting down in morning, *Iris-v.*

— stitches in small of back when sitting, *Kali-iod.*, *Nat-c.*, *Anac.*, *Ambra.*

— a drawing down back when sitting, disappearing during motion, *Bry.*

— intermitting severe stitches always in one spot in middle of back when sitting, *Euphorb.*

— stitches in small of back when sitting, stooping, or walking, better by pressure and lying down, *Ruta.*

— drawing in back while sitting down in evening, *Tereb.*, *Carbo-v.*

— stiffness in small of back after sitting, *Ambra.*

— pain in small of back, worse when sitting still or when lying down, better by lying on something hard or from exercise, *Rhus-t.*

— constrictive pain in dorsal muscles while sitting and better by bending back, worse by bending forward, *Rhus-t.*

— pain in small of back, worse when sitting, *Cimex-lec.*, *Oleum-an.*

— bruised pain in small of back while sitting, in *p. m.*, *Hyos.*

— pain in small of back when sitting or when in the act of sitting down, diminished by continuous walking, *Zinc.*

— turning causes sudden stitches in back, with dull pains while sitting, *Nux-v.*

— pain in back more while sitting, *Zinc.*

— pain in small of back while sitting, *Prunus-sp.*

Sitting, pain violent in small of back while sitting not allowing to straighten, *Lyc*.

— violent pain in small of back while sitting and lying, better by motion, *Agari*.

— violent pain in left loin with stiffness of back when rising from sitting, and prevents straightening the body; while sitting he feels no pain and can turn to every side without pain, *Agari*.

— violent pain in back while sitting for a time, *Phos*.

— pain in back while sitting, better by walking or lying, *Cobalt*.

— intense pain in back while sitting, worse when lying, not while walking or performing manual labor, *Nat-m*.

— drawing pain when sitting, *Thuya*.

— frequent rising of heat from the back into the head, with redness of the face in the p. m. while sitting, *Phos*.

Sleep, at night in sleep he always lies on his back, *Lyco*.

— shivering in the back in a. m., with frequent yawning and inclination to sleep, *Graph*.

— restless sleep, can only lie on his back, *Dig*.

— at night first sweat on back causing him to wake up at 4 o'clock; then dry internal heat with uncomfortable-ness so that he cannot go to sleep again, *Petrol*.

— weakness in small of back as if it were going to sleep, while rising from a seat, *Phos*.

— back aching him awakens him from sleep, *Hydrast*.

— could not sleep during whole menstruation on account of tearing in back, chills, and heat, with thirst and painful contractions of chest, *Sepia*.

— nocturnal pains in small of back, which always awake her from sleep, *Amm-m*.

— pressing, drawing pain in back and loins, which makes turning very difficult, it awoke him from sleep, *Bry*.

— constant pain in small of back, worse by motion and stooping, disturbing sleep at night, *Sul*.

Sleep, back so painful cannot sleep; passes no urine, *Areneadia*.

— cannot sleep on account of pain in small of back and hips, better by motion, *Sinapis-nig.* and *Alba*.

— carbuncle on left side of back very large, on scapula surrounded by small pustules, scanty and offensive pus, great pain depriving him of sleep, weakness and prostration, *Hepar*.

— pain in small of back renewed by falling to sleep, *Mag-m*.

— pain in cervical muscles at night as if head had been held in an uncomfortable position, even felt during sleep, *Zinc*.

— pinching in stomach which contracts the chest with grasping together of back, awaking her on moving, *Con*.

Sleeping, nearly always on his back, one hand under his occiput and the other above the head, *Coloc*.

— a jerk in back at night while sleeping, *Amm-c*.

— weakness in back and limbs with sleeping, *Gels*.

— heaviness in back in morning as if he had lain in a wrong position, with weariness as if he had not slept enough, *Sul*, *Sep*.

Small, drawing pain in small of back, *Carduus*.

— pain in small of back, *Sepia*, *Bar-c.*, *Coloc.*, *Sul-ac.*, *Ran-s.*, *Secal.*, *Can-sat*.

— pain in small of back and loins, *Carbon-sul*.

— pain in back and sacrum, *Cap*.

— pain starts from small of back, spinal bones affected, *Calc-c*.

— pain in small of back, worse by motion, *Bry*.

— pain in small of back and between lumbar vertebra, false ribs and ilium, *Croton*.

Smarting in back from grief, *Naja*.

— burning pain in small of back, *Zinc*.

Sneezing, after falling from a height upon back acute pain

in lower part and in right side of back, especially when laughing, sneezing, or taking a long breath, *Con.*

Sneezing, pain in right side of back, followed by violent sneezing, *Anagallis.*

Sore pain and aching across small of back, *Lact-ac.*

— pain in small of back unchanged by motion, *Brom.*

— a pain commencing in right side of back, then going down to os ischium, very sore to touch, *Lobelia-c.*

— pain in back as if sore or bruised, *Sul-ac.*

— arms and back tired and sore all over, *Sarrac.*

— aching like a sore eruption on back, *Bry.*

— lame feeling in small of back, *Lept.*

— contraction in back with sensation of coldness, gripping and sore feeling, *Con.*

— denuded sensation in left side when sitting with burning intermittent sticking, *Plat.*

— extremely sore back as if beaten, in evening, *Lyss.*

Soreness of back, *Arn.*, *Benz-ac.*, *Agari.*, *Carbol-ac.*, *Cornus.*, *Pod.*, *Rhus.*, *Sang.*, *Sarrac.*, *Lyss.*, *Ars-iod.*, *Tereb.*, *Ol-jec.*, *Apis.*, *Nat-s.*, *Caust.*, *Lact-ac.*

— and backache with kidney affection, *Tereb.*

— from back to chest, *Oleum-jec.*

— intolerable aching soreness in small of back as if beaten, *Eup-per.*

— drawing pressure in first two dorsal vertebra, *Staph.*

— smarting and weakness of back, *Podo.*

— in small of back on rising with rumbling in abdomen, *Fer.*

— of muscles of back and limbs, *Carbol-ac.*

— of back and neck as if beaten, *Ars-iod.*

— down muscles of back, *Sang-c.*

— sensation of soreness and weariness in small of back, *Cimex-lec.*

— in middle of back, *Thuya.*

— in intestines with small loose stools, shivering along back with tenesmus preceded by soreness, *Trombid.*

Soreness, great of back, Arn.

— in small of back when touched, Colchi.

Spasms in back with severe pressing and drawing, Con.

Spasmodic drawing in small of back, compelling him to lie still, *Sil.*

— stitches in paroxysms in middle of the back which render motion impossible for some minutes, Lyc.

— pain in back, Pallad.

— pain in dorsal vertebra while lying in bed in morning, Euphorb.

— pain in anterior side of chest and in back awakes him from sleep, Nit-ac.

— pain in small of back would not allow him to arise, *Sul.*

Spina bifida, *Psor.*

Spleen, pain and aching in posterior aspect of spleen, *Lob-c.*

Split, great weakness in back as if it would split and fall apart, *Lyss.*

Sponge, hot near back causes him to wince, *Phos.*

Spot, burning in a small spot on back, *Nit-ac.*

— tearing in back in a small spot, Caust.

— small painful spot low down in back, *Lach.*

— on back, pains when touched, Stram.

— pain in back with sensitiveness of affected spot by leaning upon it, Plumb.

— burning pain in a spot about small of back, Phos-ac.

— back pains in spots when sitting, Thuya.

Sprain, pain as from a sprain in both sides of back, Calc-c.

— as from a pain in left side of back, Con.

— pain in shoulder and back with stiffness as from a sprain, *Rhus-t.*

— pain in right side of back as if hand pressed it or as from a sprain, Oleand.

— pain as from a sprain in region of small of back on left side, Agar.

— pain as from a sprain in left side of back and neck, *Con.*

Sprained, back feels as if sprained in p. m. and evening in bed, *Sepia*.

— pain in back as if from a false step, *Sul*.

— pain in abdomen and back during fever, *Lach*.

— pain in back and in scapula extending into chest, two or three times per day, arresting the breath, *Petrol*.

— pain in back as if he had stooped too long, *Mur-ac*.

Squeezing pains in back tensive, *Arg-n*.

— in back as if with effort to stool, *Berb*.

Stabbing, in back through to umbilical region, *Ver-v*.

Stand, back very weak, unable to stand, *Physos*.

Standing, stitches through small of back, with drawing through lumbar vertebra while standing, *Con*.

— pain in small of back, worse while standing or walking, *Kali-c*.

— a vivid pain in small of back like drawing and pressing, occasionally tearing, only perceptible while standing, *Phos-ac*.

— pain in small of back, better by standing or walking, but severe when rising from seat, *Arg-n*.

— tensive pain on standing erect, *Ign*.

— causes back to ache, *Sul*.

— weakness in back, can hardly stand alone, *Sul-ac*.

— feels bruised on small of back, especially while standing, *Agari*.

— violent stitch in middle of back while standing, *Zinc*.

— shooting in back, while standing very violent, *Zinc*.

— stitches like bearing on left side of back upward while standing, *Stann*.

— violent constant stitch in dorsal vertebra when standing, *Nit-a*.

— lower part of back lame when walking or standing, *Zing*.

— if she stooped lower part of back felt stiff, it was with difficulty she could stand up; tearing when sitting, worse from standing, better in p. m., *Berb*.

Standing, backache causes nausea and faint feeling while standing, *Sep.*

Step, sharp drawing across small of back, sensitive to every step, *Carbo-a.*

Sternum, drawing pain in sternum extending to umbilicus and back, *Raphn.*

Stick, sensation as if a round stick pressed forward and upward from about last dorsal vertebra into stomach, and awaking at 2 A. M., *Nat-p.*

Sticking and cutting through back and abdomen, *Canth.*

— in back, in general, *Cup.*, *Sul.*, *Spig.*, *Pæonia*, *Rhus-t.*, *Graph.*, *Iod.*, *Ver-a.*, *Droser.*, *Psor.*, *Nat-ph.*, *Canth.*, *Jambos.*, *Merc.*, *Lyc.*, *Puls.*, *Nit-ac.*

— lightning-like in tabes dorsalis, *Nit-ac.*

— burning itching in small of back, *Jambos.*

— extending toward chest when coughing, *Psor.*

— in lumbar muscles of back, *Drosera.*

— burning with tension in small of back, *Ver-a.*

— upon breathing in small of back, *Merc.*

— in small of back, *Graph.*, *Iod.*

— in back while stooping in evening, *Rhus-t.*

— periodically in places in back, better by scratching, *Pæonia.*

— transversely across small of back, *Cup.*

— in back opposite heart, *Spig.*

— at every breath on walking, itching, *Sul.*

— drawing pain in small of back, *Stront.*

— pain in back and shoulders, with tension, *Ver-a.*

— drawing pain in back, *Lyc.*

— pain in back and across chest, *Puls.*

— fine sticking pain in back, *Puls.*

— lightning-like pains of a sticking character, in back, *Nit-ac.*

Stiff, pain in small of back as if stiff, *Nit-ac.*

— lower part of back feels stiff and heavy, *Zing.*

Stiff, all parts of back feel stiff as if he had been injured or over-lifting, *Prunus-s.*

— and lame, weakness in small of back, *Diosc.*

— in back she can't stoop, *Kali-c.*

— in back and sides as after taking cold, *Sul.*

— if she stooped lower part of back felt stiff, it was with difficulty she could stand up; tearing when sitting, worse when standing, better in P. M., *Berb.*

— back very stiff every morning and in damp weather, *Phyto.*

— back very stiff and not very painful, *Stram.*

— as if beaten in back, disabled and stiff, *Berb.*

Stiffness of back (undefined), *Aco.*, *Amb.*, *Copai.*, *Sul.*, *Sul-ac.*, *Cup-ars.*, *Sep.*, *Guaic.*, *Nit-ac.*, *Bar-c.*, *Petrol.*, *Berb.*, *Rhus-t.*, *Sil.*, *Coccul.*, *Sal-ac.*, *Lyc.*, *Apis.*, *Nat-m.*, *Ars.*, *Lauroc.*, *Zinc.*, *Prunus-sp.*, *Diosc.*, *Kali-c.*, *Phyto.*, *Stram.*, *Bovis.*, *Dig.*, *Ananth.*, *Bapt.*, *Aur-mur.*, *Carbo-veg.*, *Helon.*, *Med.*, *Phos.*, *Puls.*, *Fer-iod.*, *Cup-m.*, *Chelid.*, *Chromic-a.*, *Æsc-h.*, *Cup-s.*, *Caust.*, *Calc.*, *Bry.*, *Ang.*, *Agari.*, *Ars-h.*, *Cic.*, *Ign.*

— of trapezius muscles before nervous headache, *Ign.*

— in small of back in the evening, especially while sitting, which allows neither to arise nor bend backward, *Bar-c.*

— of back, can hardly rise from a chair, *Bar-c.*

— in small of back and neck, *Sep.*, *Rhus-t.*

— and chilliness in nape of neck and all down back, *Sil.*

— of lower part of back, *Sep.*

— of cervical muscles and great weakness of back, *Coccul.*

— in back at night on waking, *Sal-ac.*

— in back after horseback riding, stooping or walking, *Lyc.*

— in back and sacrum, *Apis.*

— and rigidity in the nape and across the upper part of back, *Nat-m.*

— painful in back all day, *Ars.*

— in left side of neck and small of back, *Lauroc.*

— and drawing in the back, *Petrol.*

Stiffness with backache after stooping, *Bov.*

— and paralysis of back and sacrum, *Kali-c.*

— from scapula down back, *Lyc.*

— in back and sides of neck with thrust-like pain, *Dig.*

— and heavy feeling in lower part of back, *Zing.*

— of back as from an injury, *Prunus-sp.*

— tetanic stiffness of the back and legs, with drawing pains in thighs and calves, *Cic.*

— and pain in small of back, *Kali-c.*

— of back, painful mornings on rising, *Carbo-v.*

— and pain in small of back at night, *Lyc.*

— painful in back, *Ver-alb.*

— and pain in back on moving, *Cup-s.*

— in muscles in middle of back with pain, *Sal-ac.*

— and pain in upper dorsal region, especially on movement, worse at night, *Zinc.*

— painful in small of back, *Mancin.*

— rheumatic of whole left side of back from nape down to sacrum, with intolerable pain on least motion, not noticed on touch or during rest, *Guaic.*

— after sitting, *Sul., Amb.*

— as after taking cold in back and in sides, *Sul.*

— in morning, better during day on motion, *Sul-ac.*

— of back, better by walking, *Copaiva.*

— and lameness of back, worse from motion, better during rest, returns after sitting a while, *Cup-ars.*

— and great uneasiness in small of back and coccyx in evening, *Petrol.*

— excessive of one side of the neck, extending to small of back, worse by moving, *Guaic.*

— cramp-like of back and whole body, *Nit-ac.*

Stinging in back, *Apis., Cham., Rumex.*

— piercing twitching in the back and sacrum, taking his breath, *Caust.*

— in back as of minute insects, *Chlor.*

Stinging pain in small of back, *Aur-m.*

- pains in small of back, with weak sensations, *Merc.*
- nettle-like pains over back where it touched the bed, sixty hours after delivery, *Kali-c.*
- periodical spasmodic pain in back, *Sul.*

Stitches in back in general, *Kali-c., Bry., Staph., Sul., Nat-c., Spig., Stann., Con., Nit-ac., Sars., Alum., Calc-c., Nat-m., Hepar., Mang., Euphorb., Kali-iod., Lach., Zinc., Mez., Verbas., Ign., Ind., Mag-c., Caust., Puls., Hyper., Niccol., Guaic., Dig., Apis., Lyc., Ruta., Secale., Carbo-an., Sep., Plumb., Psor., Dulc., Kali-c., Asaf., Chin., Mag-m., Anac., Cornus., Kreos., Berb., Chel., Form., Colch., Coccul., Callad., Chen-v., Cinnab., Nux-v., Camph., Merc-s., Cepa., Agnus.*

- and pain in small of back and both hips and in left chest at night, *Lyc.*
- turning causes sudden stitches in back, dull pains while sitting, *Nux-v.*
- pain in small of back and abdomen, with stitches in left side and drawing pains in lower extremities, *Zinc.*
- painful in left side of back when sitting, *Mur-ac.*
- pain in chest, stitches in left side, under true ribs more toward back, *Guaic.*
- in small of back pain like rheumatism, *Iod.*
- small and violent between scapula, *Sarsa.*
- fine from the back to region of ribs, *Alum.*
- severe in middle of back from time to time, *Alum.*
- in right hypochondrium extend toward small of back, *Calc-c.*
- at night when lying on his back he starts up and feels a stitch in right side of chest, *Nit-ac.*
- beaten, bruised feeling in back with stitches, *Nat-m.*
- sharp transversely through small of back, close above hips, *Nat-m.*
- intermittent in back above right hip, *Carbo-a.*

Stitches in back and renal region, *Hepar*.

- stitch on lowest rib close to back, *Mag-m*.
- in the head with shivering over the back, *Mang*.
- intermitting severe stitches always in one spot in the middle of the back when sitting, *Euphorb*.
- in small of back when sitting, *Kali-iod*.
- in back from below upward, *Lach*.
- in right side of back extending through to chest, *Kali-c*.
- shooting in back through into chest, *Bry*.
- in back and small of back, *Bry*.
- violent upward in back, *Staph*.
- itching in back, *Sul*.
- in back sometimes as far as the chest (left side) evening and night, *Nat-c*.
- in small of back after sitting a while, *Nat-c*.
- an occasional stitch from small of back through left side of abdomen toward chest, *Kali-c*.
- in back when breathing, *Spig*.
- in back and small of back into limbs, *Stann*.
- in small of back with drawing through lumbar vertebra while standing, *Con*.
- and shooting down from back into hips, *Kali-c*.
- in back at every breath, *Sul*.
- in back and then backache, *Caust*.
- in muscles of back, *Asaf*.
- in left side of back, *China*.
- repeated in the back above the renal region, *Lyc*.
- tearing and burning in small of back, *Mag-m*.
- blunt in small of back, *Anac*.
- from the depths of chest going out at the back, *Caust*.
- in small of back, *Puls.*, *Ign.*, *Niccol.*, *Hyper*.
- in left side below true ribs rather toward back, *Guaic*.
- lacerating and sharp in small of back, *Dig*.
- burning in upper part of small of back, *Apis*.
- in back toward small of back when sitting, *Lyc*.

Stitches in back through into chest from least motion, *Sarsa*.

— in back when coughing, *Sepia*.

— in small of back and between scapula, *Plumb*.

— backache when walking, with stitches in sternum, *Psor*.

— severe rheumatic in back and arms after taking cold while sweating, worse at night and while resting, better from motion, slight fever, much thirst, *Dulc*.

— a sharp twitching stitch in left side of back and at same time in left thigh, *Stann*.

— like bearing on left side of back upward while standing, *Stann*.

— violent in middle of back while standing, *Zinc*.

— in middle between right loin and spine intermittent and deep, sharp knife-like stitches quite internal in intestines, *Verb*.

— dull into back, *Mag-c*.

— lancinating as from a sharp knife in back through loins extending to legs, *Ign*.

— in small of back, better by an evacuation, *Indigo*.

Stitching pain in small of back so severe upon motion that he gets upon arms and knees in order to obtain relief, pains unbearable in any other position, *Coloc*.

— pain in small of back, *Sul*, *Zinc*.

— drawing, sometimes stitching, pain in small of back and lower down in abdomen, *Zing*.

— pain in small of back and legs on being touched, *Merc*.

— pain with unsteadiness of back, knees, and feet, *Merc*.

Stomach, pain from stomach frequently moves to back, *Kali-c*.

— some pain in back opposite stomach, comes on an hour or so after meals, causing difficulty in speaking, *Sul*.

— pain in back opposite stomach, with dyspeptic pain, better by eating a few mouthfuls of food at 11 A. M., *Phos*.

— pain in back starts from post wall of stomach and spreads

under short ribs of left side, obliging patient to bend forward, *Nux-v.*

Stomach, afternoon a burning pain in back as if in post walls of stomach, *Lob-i.*

— contractive pain in stomach with sensation of coldness in it and in the back, awaking her from sleep in the morning, *Con.*

— sharp pain extending from chest and stomach through to back, between shoulders, worse on right side, *Codein.*

— sensation as if a round stick pressed forward and upward from about last dorsal vertebra into stomach, awaking at 2 A. M., *Nat-phos.*

— stitch striking from back to pit of stomach in P. M., when sitting, *Niccol.*

— shooting pain from back to pit of stomach, *Rhod.*

— burning in lower half of body from small of back to pit of stomach downward, *Phos-ac.*

Stool, backache during stool, *Apis, Ars., Colch., Nux-v., Cub.* (and before).

— chill in back during stool, *Tromb.*

— chill in back after stool, *Puls.*

— backache with desire for stool, *Plat.*

— backache after hard stool, *Ferr.*

— pain in back before stool, *Bapt., Cic., Nux-v., Puls.*

— pain in back after stool, *Cap., Merc-v.*

— pain in small of back, better after stool, *Ox-ac.*

— pain in back during stool, *Dulc., Puls.*

— pain in back, worse during stool and continuing afterward, *Podo., Cap.*

— pain in small of back with hard stool and colic, as if intestines would burst, *Lyc.*

— labor-like pains in small of back and sacral region, urging to urinate and ineffectual desire to stool, *Kreos.*

— coldness in back before stool, *Ars.*

— flashes up back with stool, *Podo.*

Stool, chilliness in small of back after stool, Puls.

— squeezing in back with effort to stool, Berb.

— shivering along back with tenesmus and small loose stools, preceded with terrible soreness in intestines, Tromb.

— throbbing in small of back during and after stool, Alum.

— pinching and cutting below the navel, with shivers over the back, then heat in the head and urging to stool at noon, Mag-m.

— pain in small of back most severe after stool, Tab.

— pain in small of back during soft stool, Niccol.

Stoops or bends forward when walking or sitting, does not walk erect, Sul.

— impossible for him to stoop or lie upon back, Tereb.

— if she stoops lower part of back feels stiff, it was with difficulty she could stand up, tearing when sitting, worse on standing, better P. M., Berb.

Stooping, stiffness in back after horseback riding, walking or stooping in lumbar region, Lyc.

— sensation as if vertebræ were being torn apart when stooping forward and then bending backward again, Chel.

— stitches in small of back when sitting, stooping, or walking, better from pressure and when lying down, Ruta.

— sensation as if bruised in back and sacrum, worse from stooping and when touched, Stront.

— sensation in small of back and hips while stooping as from a girdle, Gentiana.

— backache worse from walking, also drinking coffee and when stooping, Cham.

— small of back as if broken when stooping, worse with tension, Clem.

— while stooping, pain in back, Sul., Cap., Amm-c., Nitrum.

— while sitting, small of back aches as after long stooping, Rhus-t.

— after stooping with difficulty he could become erect, Lach.

Stooping, darting across right side of small of back, worse on stooping, passing away gradually, *Lact-ac.*

— pressure in middle of left side of back as from much stooping, *Mur-ac.*

— pain in left side of back as after long stooping, *Bism.*

— is obliged to walk stooping and gets painful stitches in back by accidentally kicking foot against something, *Scp.*

— pain in small of back after stooping, *Sil.*

— pain in small of back violent only on stooping, tense as if everything were too short, *Sul.*

— bruised pain in small of back, worse when stooping, also when walking, *Meny.*

— aching pain in small of back when stooping, *Jug-cin.*

— pain in small of back on turning over at night and stooping, *Zinc.*

— on rising from stooping pain in small of back, *Phos-ac., Phos., Amm-m.*

— pain in back as after long stooping, *Graph., Agari., Bry., Dulc.*

— pain in small of back after or from long stooping, *Puls.*

— after long stooping pain in back as if bruised, mostly while straightening, *Nat-m.*

Stove, a thrill of chills creeps up the back, better by warmth of stove in evening, *Sul.*

— burning on skin of whole back as if he was sitting by a hot stove and sweat on face with moderate heat, *Dulc.*

Straight, great weakness of muscles of back, he can hardly sit straight, *Agari.*

Straightened, body and legs straight, head drawn back, if lying on side is straightened out upon back as quick as lightning, *Cic.*

— could not straighten back, *Calc-ars.*

— severe backache as if bruised, cannot straighten out, *Psor.*

— after long stooping, pain in back, as if bruised, mostly while straightening, *Nat-m.*

Strain, pain in back as from a strain on lifting, in scapula after continuous writing with back bent, Mur-ac.

— pain as from a strain in back, Kali-c.

— crick in back caused by strain in sudden lifting, Sep.

— and drawing into the back extending into the arms, in single jerks and terminating in a stitch when sitting or lying down, Nat-c.

— pain in back in morning, Dros.

— pain *streaking* up and down back, *Phyto*.

Stretch, tension in back compelling him to stretch and extend limbs, Nat-m.

Stretching in back with chilliness at night, Phos.

Strength, loss of strength in small of back, *Ars*.

Sudden, sharp, sudden pain in left side at tenth rib in P. M., Diosc.

Supper, repeated cramp-like twitching in the whole back after supper, with pain in back, and then also in right side of abdomen, Sul.

Support, lameness of back, cannot sit up without support, Diosc.

— she feels as if the muscles of the back were not strong enough to support the body, which always tends to fall forward, Amm-c.

Suppurate, on back and thighs painless dark red pustules which do not suppurate, Chima-u.

Swallowing, pain between shoulders on swallowing food, *Rhus-t*.

— pain in back on swallowing, *Kali-c*.

Sweat on back after meals, Card-m.

— on back in evening, Anac.

— on back during menses, *Kreos*.

— on back from least motion, *China*.

— cold sweat on back from least motion, Tart-em.

— on back cold at night, *Sep*.

— on back during effort to stool, *Kali-b*.

Sweat on back, *Stram.*, *Petrol.*, *Hyos.*

- on back generally worse, *Dulc.*
- chilliness in back and as if sweat would break out, *Camph.*
- injury to back or checked sweat, *Aco.*
- all over, with severe thirst after the sweat and after a shaking ague, and great coldness in bed as if she lay in ice for two hours, with drawing in limbs and back, *Lyc.*
- profuse on head and back every second or fourth evening three-quarters of an hour, *Mur-ac.*
- especially about midnight on back, *Hepar.*
- on back with sensitiveness to cold air in the morning, *Chim-m.*
- severe rheumatic stitches in back and arms after taking cold while sweating, worse at night and while resting, better from motion, slight fever, much thirst, *Dulc.*

Swollen, from cervical vertebra down to lumbar region, right side of back, three or four inches in width, much swollen, elastic, dull pains, intolerable after exertion, has to lie down in a kind of tetanic state, *Lach.*

Sympathetic, dorsal symptoms painful, perhaps sympathetic with the uterine sphere, *Zizia.*

Tearing, burning, drawing, lacerated or bruised pain in back, *Nux-v.*

- pains, small of back seems as if it would break, *Ham.*
- pain in nape of neck, extending thence gradually half way down back, *Rhod.*
- stitching pain in small of back in evening before going to sleep, in bed, *Alum.*
- pains in back at night, *Phos-ac.*
- pressive pain on left side beside the hip, extending to back, *Carbo-v.*
- violent pain in back and limbs, worse from least touch, *Chel.*
- in back in general, *Ant-cr.*, *Mag-m.*, *Carbo-v.*, *Caust.*, *Alum.*, *Sil.*, *Mez.*, *Sul.*, *Croc.*, *Cup.*, *Petrol.*, *Mag-c.*,

Ars., *Nit-ac.*, *Nat-s.*, *Berb.*, *Stann.*, *Sep.*, *Phos.*, *Canth.*,
Brom., *Cham.*, *Cinnab.*, *China.*, *Cap.*, *Nux-v.*, *Agar.*,
Chel., *Calc-ph.*

Tearing, back after eating, afterward to abdomen, *Cham.*

— in back during chill, *Cap.*

— from back into limbs with paralysis, *Phos.*

— in back during menses, *Sepia.*

— in back during profuse menses, *Agari.*

— in back, worse from least touch, *Chel.*

— in back while walking, *Canth.*

— in back especially in morning, *Canth.*

— in small of back, worse by breathing, *Croc.*

— and burning in small of back, *Cup.*

— in back and between scapula, so could not move, *Petrol.*

— violently in nape of neck and twitching, proceeding gradually down the back, and there eventually ceasing, *Mag-c.*

— greatly exhausted from sexual excess, pulling and tearing in back and legs, *Ars.*

— and shooting in back and chest when moving, especially at night, *Nit-ac.*

— from back down with feeling in bones as if dogs were gnawing them, *Nat-s.*

— when sitting, worse when standing, better in p. m., the lower part of back, *Berb.*

— in back in evening in bed, and in knees and legs, *Sul.*

— stitch-like tearing upward in back when standing (left side), *Stann.*

— in back from morning till night, *Ant-cr.*

— and burning stitches in small of back, *Mag-m.*

— in lower part of back beside spine, *Carbo-v.*

— in small spot in back, *Caust.*

— in vertebrae of back between the scapula, extending into right, then into left scapula, *Caust.*

— severe in arms and hands, extending into back, *Caust.*

— severe or pecking pressure in the back, with a chill, later

passing over into a dull pressure, headache with heat in head, *Sil.*

Tearing, in left side of the back in the morning, *Mez.*

Tear, great wearisome pains in thighs as if the tendons would tear off, alternating with pains in small of back, she knows not what to do for the pains third day of menses, *Amm-c.*

Tension, painful on right side of nape and in small of back, slight in left side of nape, *Thuya.*

— between shoulders and down back, *Mag-m.*

— in back before dinner, *Niccol.*

— in back, *Rheum.*

— in back obliging him to stretch, *Nat-m.*

— in back as if compressed in a vise, in sitting, passing off through motion, *Amm-m.*

Tensive pain in back, *Con.*

— pain in back after dinner and at night, sometimes only when sitting bent forward, and then it ceases on stretching himself, *Nat-c.*

— frequent waking after midnight till toward morning, he lies on his back, with open mouth, dry tongue, tensive pain, and heaviness in occiput, *Mez.*

— feeling in small of back, worse on going up-stairs, with an occasional jerking toward hip-joint, *Carbon-s.*

— in small of back, *Ver-a.*

Tetanic, muscles of back rigid, even tetanic condition may ensue, *Physos.*

Thighs, pain in small of back extending to thighs, *Lyc.*

— pains in back and down thighs, *Nit-ac.*

Thorax, pain in first dorsal vertebra extending through to thorax and down to lower part of sternum, *Bry.*

Thrill of chill creeps up the back, removed by the warmth of stove in the evening, *Sul.*

— chill in evening with a cold thrill over back, ceasing on lying down, *Nitrum.*

Thrill, cold occasionally over the back with cold sweat on the forehead, anxiety and shuddering, *Nat-m.*

Throat, frequent pressure extending into throat and back, *Mag-m.*

Throbbing, in back in general, *Sil.*, *Bar-c.*, *Lyc.*, *Phos.*, *Thuya.*, *Calc-ars.*, *Sep.*, *Alum.*, *Aloe.*, *Nit-ac.*, *Nat-m.*, *Brach.*

— and pulsating feeling in back, *Nat-m.*

— in back, worse when coughing, *Nit-ac.*

— isolated in right side of back, *Brach.*

— in back and grumbling sensation in lower part of small of back, *Bar-c.*

— and pulsating in back, *Phos.*, *Bar-c.*, *Lyc.*, *Thuja.*

— aching and beating in back, *Sil.*

— in back a strong pulsating, chiefly while at rest and especially after emotion, *Bar-c.*

— in back, drives him out of bed at night, *Calc-ars.*

— in small of back, better when sitting upright, worse when leaning back, *Sep.*

— in small of back during stool, *Alum.*

— pain extending up between shoulders, and there becoming a throbbing, *Tereb.*

Thrust, a feeling of a thrust in muscles in small of back when walking, *Jatrophia.*

Thumb, pain in back when sitting still, disappearing on touching, pressure as from a thumb, and tingling in it which increases pain, worse on stooping, drawing upward, *Meny.*

Tickling, itching in back, *Agar.*

Tightness in back above hips as if it were a tightness, *Mag-c.*

— of chest and heaviness in back, *Carbo-v.*

— of chest with alternating pain in back, *Sil.*

Tingling in back, *Nat-c.*, *Arn.*, *Bar-c.*

— in back extending to fingers and toes, *Sec.*

— from back into limbs, with paralysis, *Phos.*

ANTIDOTAL METHOD.*

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A case of hemicrania mercurialis cured with two pellets of Mercurius-vivus, 3,000 (F.), in 1856, in the Brooklyn Homœopathic Dispensary, has been recorded in *High Potencies and Homœopathics*, 1865, p. 8.

A case of Rhus poisoning was rapidly cured later with Rhus-tox., Lippe's Distillate 97m (F.), by Dr. Lippe. In 1865 poisoned again. Rhus-tox., 103m (F.) and 60m (F.) did not help any more, and Dr. Raue cured it with Anacardium-orientale.

A case of Rhus poisoning from collecting the poison-oak in the New Jersey swamps in 1865, causing itching eruption of blisters all over the hands in and outside, beginning at the wrists, which, after breaking, produced a bad odor and formed thick scabs, after using all and everything externally and internally for two weeks, yielded rapidly to a dose of Rhus-toxic. 60m (F.). Being deprived of sleep for two weeks, patient slept well the first night. After a second dose, 40m (F.), patient was healed in six days. *Medical Investigator*, Vol. VI, p. 6.

These are some prior claims to antidotal treatment than those of Dr. Swan and Dr. Sawyer, though they never were made, and considered only as simple homœopathic treatment.

To this comes what Bœnninghausen says in his *Aphorisms of Hippocrates*:"

"The antidotal power of a substance depends entirely upon its characteristic property of acting upon the living organism, of course after the eventual chemical or mechanical action is removed and only the dynamical remains. For this reason there are not only no universal antidotes against all

*Read before the Brooklyn Hahnemannian Union.

poisons, just as there is not or never can be any universal medicine against all diseases, but even for the various poisoning symptoms of one and the same medicine different antidotal poisons are necessary, of which every one again has its particular and exclusive range of action, beyond the limits of which its power does not extend." (Book V, p. 271.)

Speaking of the abuse of Iodine in diseases of enlargement and induration, he remarks that the worst of its action is the uncommon intensity and obstinacy, so that it is extremely difficult to find antidotes for it. "We have," he continues, "in such cases besides Hepar and Arsenicum, the best result from the highest potencies of the same remedy in repeated but smallest doses, dissolved in water, with the precaution, before taking the medicine, to shake the vial containing the fluid several times in order to exalt the dynamization somewhat, because otherwise, according to experience, the continued use is not well borne." (Book VI, p. 416.)

To this passage Bœnninghausen makes the following note: "If there is any experience to prove not so much the more penetrating but rather the more extended efficacy of the highly potentiated medicine, this is especially the *antidotal power* which such remedies have gained against the ill effects of a former abuse of the *same* medicine. In such cases the repeated administration of the same remedy in the *lowest attenuations* causes each time a distinct aggravation without following improvement; whereas, if given in *high potency*, though not always, yet for the most part it produces a more agreeable and extensive improvement than most other antidotes which meet and annihilate only those complaints within their range, but remain without effect beyond it."

Bœnninghausen's work was printed in 1863, and it is therefore probable that he has practiced what is now claimed as a distinct branch of Homœopathy under the name of antidotal method a long time before, because it is to be expected from a practitioner of well-known sagacity that he would not

have spoken of this topic in such a comprehensive manner if he had not a trusty experience behind him.

Now, since questions of priority generally do not amount to much, and it is difficult to settle the merit of the invention upon an individual because there may be no record of it, it would be well to let it rest upon our good old friend Bœnninghausen, and with it lay the ghost which can only lead to useless controversy and leave the value of the invention itself out of question.

That it is a question of importance is true, and its discussion will no doubt lead in time to a proper application in practice if its limits are clearly defined.

There is no doubt, as Hahnemann has already demonstrated, that the simillimum is the true antidote, and if so, it will also be found the best prophylactic.

A REMARKABLE ACCIDENT.

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In a saw-mill a rapidly revolving shaft passed along a slit in the flooring over the basement, having a space of six inches on either side of the shaft, the flooring being of one and a half inches in thickness. A young woman, two months pregnant—*primipara*—had been repeatedly cautioned not to step over this shaft in visiting her husband, working in the mill. One day, in stepping over it, her dress was caught in a coupling-nut, and in a few seconds she was safely delivered in the basement, *sans* clothing, excepting the stockings, and with only a few abrasions of the skin. It was found that a couple of inches of the flooring on one side was broken away. I can vouch for the accuracy of these details.

This case is of interest to obstetricians, constituting a "breech presentation" of novel character, in which the transverse diameter was, fortunately, arranged parallel to the re-

volving shaft, and the antero-posterior—a small, slight figure—found a way of exit by the edge of the flooring giving way.

Now, it is evident that the hem of the skirt behind was caught by the “nut” on the shaft, the dress rapidly wound down, drawing the body down, doubled up like a jack-knife, and a wad of clothing under the breech prevented any serious damage to it in its forced expulsion. This young woman was safely delivered at term.

A fine lad, aged twelve years, who endured his sufferings with remarkable fortitude, while walking along the seashore through a mass of rocks, saw a rock of some half-ton in weight become detached from the side of the cliff and rolling down on him. He made an effort to escape by springing up the face of a large rock on the seaward side, but was too late. I was in attendance upon him some sixteen hours after the accident. Under ether I found that an elongated corner of the revolving rock had entered the pelvic cavity, tearing away the levator ani, and stripping the coccyx, on one side, of all its attachments. Passed catheter and found bladder uninjured. It was a most marvelous escape for him, as will be readily seen. Coccyx was not fractured. In the treatment of this case, Ars. 6c to 2c, with sol. of pernang. potash, corrected very promptly a very fetid discharge with greenish hue from the lacerated tissues. Swabbing with fluid extract of Calendula and packing with sublimated cotton was the dressing. After considerable trouble with the rectum for a while from inertia, the lad was perfectly well in less than two months.

PNEUMONIA WITH HYPERPYREXIA.

E. V. ROSS, M. D., ROCHESTER, N. Y.

In the December number of THE HOMŒOPATHIC PHYSICIAN, under the heading, "Some Indications Derived from the Bed," among other things we read: "Think some one is in the bed with him, Apis, Petroleum. It is characteristic of Petroleum."

This prompts us to make the following report of a recent case wherein this symptom was prominent, and led to a brilliant cure:

Charles H., aged twenty, medium height, well nourished, was taken on January 1st with a prolonged chill. I saw him the following day at 7 P. M., and found his symptoms to be as follows: Cough, with frothy, blood-streaked mucus; thick, milky-white coating on tongue, having a yellowish tinge; loss of appetite; great thirst, drinks often and about one-half glass at a time; vomits after drinking; lame, sore feeling all over; great prostration; dark red flush over malar bones; feeling as if another chill would come on if he moved; no movement from bowels for past two days; urine scanty; no crepitation or dullness; vocal fremitus but slightly increased; temperature, 106 F.; pulse, 120, weak, compressible; respiration, 30. R. Bryonia, 2m (Jenichen), two powders to be given one hour apart, then S. L. Diet, all the milk he will take.

January 3d, 10 A. M.—Is now very delirious, wandering delirium: talks of various things. Restlessness, says the bed is hard; vomiting soon after drinking; refuses all nourishment, but craves beer; cough worse; sputa "rusty" colored and shiny; sweats by spells on nose and face, but soon dries off: temperature, 106.2; pulse, 140, weak, compressible; respiration, 36. 10 P. M.—Tongue has a dry, cracked ap-

pearance across dorsum; lips dry; eyes have a wild, staring look; face yellow, with a central flush; no rales, no tympanic dullness; urine scanty; highly-colored s. g. 1030; albumen marked; temperature, 106.6; pulse, 142; diastole marked, respiration, 38; otherwise same as in A. M. R. Sulphur, 4500 (Jenichen). One powder. S. L. to follow.

January 4, 10 A. M.—Very delirious during night; tried to get out of bed; now and then thinks there is some one in bed with him; sordes on lips; tongue very dry and crooked; sputa abundant, "rusty," and occasionally it is profusely streaked with blood of a "prune-juice" color; temperature, 106.8; pulse, 144; respiration, 40. 11 P. M.—All symptoms worse; does not recognize any one; the delusion that some one is in the bed with him is now quite constant; vomiting better; temperature, 107; pulse, 148, very weak, and compressible, respiration 44; tactile fremitus increased; absence of crepitation and dullness; no stool to date; urine scanty, dark. R. Baptisia 20m (fluxion), in solution. Teaspoonful hourly until better. January 5, 11 A. M.—Was sleeping quietly when I called, and in a drenching perspiration. Relatives informed me that he "quieted down" after midnight, and about 2 A. M. fell asleep. When he awoke he appeared to be quite rational, and greeted me with, "Good-morning, doctor!" and only now and then did he appear to be slightly muddled. Temperature, 100.5 F.; pulse, 80, stronger; respiration, 24; tongue moist and sordes peeling off lips. In brief, he rapidly convalesced. Three days later he sat up in a chair, and had nothing to complain of except a craving appetite.

Remarks: Wunderlich applies the term hyperpyrexia to temperatures which approach and exceed 107.6 F. According to this statement, our case can be considered as one having an excessively high temperature. The vast majority of pneumonias with a rising temperature approaching the 107 mark terminate fatally.

The temperature was ascertained by two certified ther-

monometers of different make—Hicks and Weinhagens—and both tallied.

Another feature of the case was the absence of any physical signs,* except the increased tactile fremitus discernible on the fourth day, the pathologist would call this a case of central pneumonia, as the process of hepitzation was evidently working from centre to periphery when *Baptisia* suddenly interrupted its onward course and brought about the crisis.

Pneumonia now and then fails to pursue the typical course that is laid down in the text-books, and we occasionally see atypical cases, wherein one or more of the classical symptoms, as chill, cough, rapid respiration, pain in side, disturbance in the pulse-respiration ratio (Normal 2-9 Juergensen), dullness, crepitation, "rusty" sputa are absent. Especially is this true of pneumonia occurring in people past middle life, and the so-called secondary pneumonia, and in spite of the fact that it is the cause of death in fully one-half of the cases occurring in those of sixty years and over. It is frequently overlooked, and this is so for the very reason that the diagnostic symptoms are lacking in many cases.

The guiding symptom that led to the selection of *Baptisia* was the delusion that some one was in bed with him. The only remedy found in the materia medica as having this exact symptom to its credit is *Petroleum*, but it did not cover the other symptoms. Under *Baptisia* the patient imagines that he is double; that his body is scattered about the bed, etc. This could be construed as an analogous mental state. Lee's *Repertory of the Mind and Head* assisted us materially, for the following is therein recorded (p. 27): "Feels as if some one was in bed with him, Anac., Apis., *Bapt.*, Carbo-v., Nux-v., Op., Petrol., Puls., Rhus-t., Valer."

*Owing to the marked delirium and the high temperature, we looked well to the apical region, but failed to elicit any dullness or crepitation.

This, coupled with sore feeling of the body, offensive breath, sordes on lips, the yellow appearance of face, with a central flush over malar bones, decided the choice in favor of Bapt., and its action was prompt and decided.

279 Jefferson Avenue.

NOTES AND NOTICES.

DR. ALICE B. CAMPBELL will remove her office, after April 1st, to No. 552 McDonough Street, Brooklyn, New York, between Ralph and Patchen Avenues. Telephone, Bushwick 97. Office hours: 9 to 11 A. M., 6 to 7.30 P. M.; none Saturday or Sunday evenings.

ANNUAL REUNION OF THE ALUMNI ASSOCIATION OF THE HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA.—The annual reunion and banquet of the Alumni Association of the Hahnemann Medical College, Philadelphia, will be held on Thursday, May 12th, 1898.

Class reunions will be held at 10 A. M., in Horticultural Hall, Broad Street above Spruce. The business meeting will convene at 4.30 P. M., and the banquet will be held at 7 P. M., at Horticultural Hall.

The Trustees and Faculty of the College extend a cordial invitation to all the members of the Alumni and their friends to attend the fiftieth annual commencement, to be held on the same day, at 2 o'clock, at the Academy of Music, S. W. corner Broad and Locust Streets, Philadelphia.

Banquet cards can be secured by notifying the Secretary. Requests received after Wednesday, May 11th, 1898, cannot be considered. W. D. Carter, M. D., Secretary, 1533 South 15th Street, Philadelphia.

THE AMERICAN MEDICAL PUBLISHERS' ASSOCIATION will hold its fifth annual meeting in Denver, on June 6th, the day preceding the opening of the meeting of the American Medical Association. A liberal attendance is expected, and medical publishers from every portion of America will be present.

CHILDREN'S HOMŒOPATHIC HOSPITAL of Philadelphia, Pa., 926 and 928 North Broad Street. Office of the Chairman, B. W. James, M. D., of the Medical and Surgical Staff, N. E. corner Eighteenth and Green Streets. An examination for two Resident Physicians for the Children's Homœopathic Hospital, of Philadelphia, 926 North Broad St., will be held at the Institution during the first week in May.

Applications should be sent to the Hospital in care of the Medical and Surgical Staff. A large experience is afforded a physician who desires to post himself in general work. Besides the medical and surgical practice of the hospital wards, there is a dispensary of 40,000 applicants annually where clinics for adults and children are held daily. Surgery and outside practice in medicine and obstetrics are also available to the Residents.

THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. XVIII.

APRIL, 1898.

No. 4.

EDITORIALS.

NOTICE TO THE PROFESSION.—The arrangement heretofore existing by which Alfred Heath & Co. have been our European agents, having been terminated, all foreign subscribers will, hereafter, please communicate directly with the home office, 1231 Locust Street, Phila., Pa., U. S. A.

SILICEA.—The great characteristic of Silicea, the keynote of Dr. Guernsey, is difficult hard stool, the fæces are large, and when partly expelled slip back again. Alumina has hard stool and small, but cannot be expelled. It causes great straining. Causticum, the stool is large, hard, and coated with mucus. It also provokes severe straining, with redness and perspiration of the face. This is another of Dr. Guernsey's keynotes. Silicea has very foetid smelling stools. Calcareo-carb., the stools smell sour.

Silicea has sediment of red or yellow sand. Lycopodium has red sand in the urine. It is Dr. Guernsey's keynote for Lycopodium. Sarsaparilla has sediment of white sand.

Silicea has menses too early and too scanty. Calcarea-carb. has menstruation too early and too profuse. This is Dr. Guernsey's keynote.

Silicea has menses too profuse, but at the same time, *too late*.

Silicea is useful in pregnancy where there are painful motions of the foetus. Opium has also movements of foetus.

Silicea has stitches in chest and sides of chest through to the back.

Mercurius has stitches in the middle of the chest, in the region of the sternum through to the back.

Stitches in upper left lobe of lungs through to the back indicate Phosphorus. If the stitches are in the left lower lobe Sulphur is the remedy. If the stitches are in the *right upper* lobe, Borax; if in *right lower* lobe, Bryonia. All these are keynotes of Dr. Guernsey. They have been given before in this journal, but need to be repeated. In addition to them the Editor on his own account gives the following:

Chest Pains.—Dull pain in left pectoralis major, extending to the muscles of the shoulder and point of the shoulder-blade, and through lower part of the arm to the elbow, better throwing the arm back, striking upon it, and lifting shoulder, Arsenicum-metallicum.

Sticking pain in right side of chest at fifth rib, worse on moving body or arm, extending to upper part of the zyphoid cartilage and impeding breathing, Apis.

Pains in chest under *right* nipple in pleuro-pneumonia, Ranunculus-bulbosus.

Pain under *left* nipple, Comocladia.

Pain in *left* upper chest at collar-bone, Myrtis-communis.

Pain in *right* upper chest at collar-bone, Illicium-anisatum.

In the *right* chest dull pain in circumscribed spot, worse on inspiration, Kali-bichromicum.

In *right* chest, sticking pains, Nitric-acid.

In *right* chest at third rib severe pain, Illicium-anisatum.
(See preceding page, third line from the bottom.)

In *left* chest at third rib severe pain, Pix-liquida.

In *left* chest shooting or stitching pain going to shoulder-blade, Calcareo-phosphorica.

In *left* chest, beating in a small spot, Calc-phos.

In *right* side of chest between eighth and ninth ribs, and in whole right side from spine to sternum, stinging, tearing pains in the intercostal spaces, worse from four to seven o'clock P. M., producing anxiety and dyspnœa, Chinium-sulphuricum.

Can't bear pressure of the clothing on chest, Causticum.

Chest sensitive to a draft of air; it gives fresh cold, Phosphoric-acid.

Silicea has curvature of the vertebræ. Calcareo-carb. is a great remedy for this disease, and so also are Fluoric-acid and Baryta-carb. The individual symptoms in each case must decide.

Silicea has glandular swellings in the neck and arm-pits, with suppuration. Calcareo has hard swelling of these glands without suppuration.

Silicea has heaviness and paralytic weakness of the fore-arms. Calcareo has weakness of fingers; they will not hold anything.

Silicea patient drops things by reason of this weakness. This idea of dropping things from the hands suggests a number of remedies.

Hellebore is the principal remedy in this regard. The indication is that if the attention is diverted from the act, the object falls from the hands.

Apis and Bovista both have dropping things from awkwardness.

Weakness of wrist causing the hand to drop things indicates Kali-carb.

VACCINATION IN THE LIGHT OF THE ROYAL BRITISH COMMISSION.

M. R. LEVERSON, M. D., FORT HAMILTON, L. I., N. Y.

(Continued from March No., p. 110.)

Qs. 4.721-2. Dr. Cory explained what he meant by the statement that a person vaccinated say last month could be re-vaccinated twelve months hence. The result from re-vaccination is a papule which varies from hardly anything at all to a papule of some size, and from that to a vesicle.

Q. 4.723. "Would you call that papule an effectual re-vaccination?" "Yes, I should certainly. It is as much as you can produce in that individual."

Q. 4.724 (By Sir James Paget). "It is a mere matter of words."

Q. 4.727 (By Dr. Bristowe). "You mean that these different papules and vesicles are the specific results of vaccination?" "That is what I mean." And (Q. 4.727a) "Though the specific result got in a case when there is only a papule is the only specific result you can possibly get, still it is specific."

Q. 4.728 (By Prof. Michael Foster). "That papule is the maximum effect which can possibly be produced in the subject at that time by any quantity of the virus?" "Yes."

Q. 4.729. "When the condition of the subject is changed then you may get a complete vesicle, owing to the diminution of the immunity?" "Yes."

Q. 4.730. "And that complete vesicle bears the same relation to the subject as your papule does at the earlier stage, where there is a certain larger quantity of immunity still left in the organism?" "Yes."

Q. 4.731. Prof. Foster suggests two different names for the two kinds of results, but Dr. Cory replies that it is in either case a successful re-vaccination, and that is all that you can certify.

Q. 4,732 (Mr. Meadows White). "You mean that being successful it is evidence of immunity, and that it is as much as you can get; and, therefore, it shows to you a satisfactory state of things, the patient being, according to your judgment, protected?" "Yes, fully protected by the re-vaccination."

Q. 4,733 (By Prof. Michael Foster). "Are you aware that in the minds of a great many people successful re-vaccination would mean that the immunity had been lost?" "Yes, no doubt; but the loss of the immunity is a gradual loss."

Q. 4,734. Dr. Cory says: "You might define successful re-vaccination as that amount of result that you would produce if a person would have caught small-pox on being exposed to it. But I do not thus define it."

Qs. 4,735-6. Where a complete vesicle running the course of a primary vesicle is produced on a re-vaccination, Dr. Cory believes that the individual, if he had been exposed to small-pox, would have taken it; but if a papule only had been produced he would not necessarily have been liable to small-pox if exposed to it.

Q. 4,737 (Prof. Michael Foster). "In the minds of most people successful vaccination means a vesicle, which in your mind means the liability to take small-pox?" "Yes, very likely."

Q. 4,738. Those people would not apply the phrase "successful vaccination" to the papule which Dr. Cory regards as indicating the protection to a certain extent against small-pox.

Q. 4,740 (By Mr. Savory). The difference between the vesicle of successful re-vaccination and that of primary is entirely a matter of degree.

Q. 4,742. "After successful re-vaccination could you tell the vesicle which follows from the vesicle of a primary vaccination?" "I believe in the majority of cases you could."

Q. 4,744. There is still some effect of the primary vaccination left. The vesicle of re-vaccination runs its course more rapidly than that of primary vaccination (Q. 4,746).

Q. 4,747. That fact implies that there was some effect of the primary vaccination still remaining.

Q. 4,748 (Prof. Michael Foster). "So that practically absolutely successful re-vaccinations as indicating that no trace has been left of the original vaccination are extremely rare?" "Extremely rare. There are few individuals that are liable to a second attack of small-pox, and there are about the same number, I should think, that are liable to fully successful re-vaccination."*

Q. 4,749 (Sir Edwin Galsworthy). "But is not a second attack of small-pox frequently as severe as the first?" "I believe it is."

Q. 4,750 (Dr. Collins). "Have you had any experience of vaccinating persons who have had small-pox?" "Yes, I have vaccinated several. A good many of the post-office boys who come up for re-vaccination are boys who have never been vaccinated before, but who have had small-pox." (Q. 4,751.) "The result is exactly like an ordinary re-vaccination."

Qs. 4,754-5. "Let us take two adults of like age, one of whom had small-pox at a certain date, while the other was vaccinated at the same date; if you were to re-vaccinate the latter and vaccinate the former the results would be the same. The person who was re-vaccinated would have a modified vesicle, and the one who had had small-pox would have a modified vesicle in the same form." The vesicles of those who have had small-pox present the same kind of differences of degree of susceptibility to the vaccine virus as in the case of re-vaccination. (Chairman.)

Q. 4,756. "All those who have had small-pox and are afterwards vaccinated do not present exactly the same characteristics?" "No; it will depend on the interval between their small-pox and their subsequent vaccination."

* The number of second, third, fourth, etc., attacks of small-pox is *greater* than on the doctrine of probabilities alone. It ought to be.

The assumption that small-pox is auto-protective against itself is an assumption unsupported by the facts. (M. R. L.)

Q. 4,757. You will find in some papules, in some vesicles.

Qs. 4,758-63. Has vaccinated about twenty persons after small-pox. None gave a vesicle.

Q. 4,764 (By Dr. Collins). There is not much difference among calves in susceptibility to vaccination. He thinks he has had but one unsusceptible calf out of 1,500.

Qs. 4,765-6. Re-vaccinating calves gives no result at all if there has been a successful primary vaccination.

Q. 4,768. Dr. Cory had forgotten what he had said in his thesis with regard to the raising of vaccine lymph from animals suffering from cattle plague, and could not state whether the results of such vaccinations were normal and successful or not.

Q. 4,769. In that thesis—speaking of Dr. Macpherson's experiments—he said that the vaccination of children from the crusts obtained from the cattle “had all the characters of true vaccine; the child suffered much from fever for four days. Two children were vaccinated from this vesicle with complete success, the symptomatic fever being very severe. From these two children five others were successfully vaccinated, and the stock thus established was afterwards regularly continued. Some of the children vaccinated with this lymph were tested by variolous inoculation, and exposed to variolous infection and found secure.” “Have you formed any opinion as to those experiments of cattle plague inoculation?” “I know Dr. Murchison advocated the vaccination of animals to save them from the cattle plague, and there were a large number of experiments performed upon the animals at that time, but they did not save them at all from cattle plague.”

Q. 4,770. “But I was referring to the inoculation of children with lymph obtained from that source?” “This is quite beyond my personal experience. This is only what I got from literature.”

REPERTORY OF THE BACK.

E. H. WILSEY, M. D., PARKERSBURG, W. VA:

(Continued from page 132.)

Tired, aching feeling and some burning in back and legs in women, *Pic-ac.*

— feeling in lower part of back, *Onos.*

— dull tired ache in shoulders and across back, *Curare.*

— aching across small of back and limbs; knees ache, *Hydrast.*

— bruised feeling in muscles of back extending from point of scapula to ilium on each side of spine, better by firm pressure, *Vib-op.*

— feeling in small of back, *Pallad.*; when walking, *Camph.*

— arms and back tired, and sore all over, *Sarrac.*

— pain in small of back, *Sepia.*

— feeling in small of back with pain, and on sitting down he had to sit very straight, *Sep.*

— wandering pain in muscles of back, worse on left side, *Vib-op.*

— feeling in back, impeding motion, *Magnolia.*

— feeling in back, *Nat-m.*

— pain and tired feeling in small of back as if bruised, *Sul.*

Toe, small pimples on back and third toe with sore pain when touched, *Zinc.*

Tongs, twisting and griping in small of back as from tongs, then pain in arms and feet as if they would turn outward, *Graph.*

Tolerate, can hardly tolerate any heat near back, *Phos.*

Touched, soreness in small of back when touched, *Colchi.*

— during cough sensation as if lungs touched back, *Sul.*

Torn, sensation as if vertebræ were being torn apart when stooping forward and then when bending backward again when walking, *Chel.*

Touch, violent tearing pain in back and limbs, worse from least touch, *Chel.*

Transverse, lancination in small of back in transverse direction, *Cup.*

— sharp stitches transversely through small of back close above hip, *Nat-m.*

Treading, drawing pain in back on moving and treading, *Sul-ac.*

Trembling in back during fever, *Eup-per.*

— in back, *Coccul.*, *Lil-tig.*

— with warmth of back and between shoulders, *Cof-cr.*

Tumor, a peculiar tumor in central part of back growing on a pedicle as large as a cherry, bluish in color, $\frac{1}{2}$ an inch long, *Con.*

Turn, bruised pain at night toward morning in back, dare not turn over, *Nat-c.*

— has to sit up to turn in bed on account of backache, *Nux-v.*

— so lame in back in region of liver it is almost impossible to turn in bed; better by motion, *Diosc.*

— pain in small of back, cannot turn over in bed at night or stoop without pain, *Zinc.*

Twinging in back or any part of body, *Zinc.*

Twinges up back; better by drawing the shoulders backward; worse by reverse, *Cycla.*

— near dorsal vertebra, *Amyl-nit.*

Twist, pains at the waist as if she would break in two; run up whole left side of body like lightning, seems as if they would give her a twist while running up, with pain in elbow and wrist, *Cornus.*

Twisting, and gripping in small of back as from tongs, then pain in arms and feet as if they would turn outward, *Graph.*

Twitches, violent pains along whole back, stitches and twitches so she could not stoop nor pick up anything with her hand; increased by inspiration, *Alum.*

Twitching, sharp stitch in left side of back and at times in left thigh, *Stann.*

— a violent tearing and twitching in the nape proceeding gradually down the back and then ceasing, *Mag-c.*

— in back when asleep, *Amm-c.*

— in small of back, *Ratan.*

— in muscles of back, *Xanthox.*

— stinging, piercing in back and sacrum, taking away breath, *Caust.*

— sensation in back and nape toward the head, *Nat-m.*

— violent cramps and convulsive twitching of the arm and back, which scarcely intermit for a moment, *Iod.*

Ulcers, scrofulous on back, *Cist.*

Undressing, vesicles on back with intense itching exciting to scratch, especially in evening on undressing, *Nat-c.*, *Nat-s.*

Uneasiness, great and stiffness in small of back, *Petrol.*

Urging in back, *Calc-c.*

— or burning in anus with aching in small of back, *Merc-per.*

Urinate, drawing extending from back to hips with urging to urinate, *Lach.*

Urine, unable to hold urine after being struck on back by falling from wagon, *Hyper.*

Urination, relieves backache, *Lyco.*

— backache during urination, *Ant-cr.*, *Kali-b.*, *Ipec.*

— backache with slight incontinence of urination, *Thuya.*

Uterine, weakness when walking from uterine trouble, *Sepia.*

— pain in back with uterine hemorrhage, *Trill.*

Uterus, pains in back with heaviness in uterus, *Aloe.*

— pain in uterus with pain in small of back very violent, with pressure as in labor, *Inula.*

— pain in back between hips and a slight numb feeling in uterus at 6 P. M., *Calabar.*

— reflex spinal irritation from uterus, *Phos.*

Uterus, pain in lower part of back, piercing drawing through to uterus, *Helon*.

Vaccination, backache after, *Sil*.

Variola, aching in back with variola, *Ant-t.*, *Variol*, *Ant-cr*.

Varix, strong pressure in back before the protrusion of a varix from the rectum, *Alum*.

Vertebra, pain in right side of seventh vertebra, *Ver-vir*.

Vesicles on back with intense itching exciting to scratch, especially in evening on undressing, *Nat-c*.

Violent stitches in back, *Hepar*.

— pains in top of right shoulder and shortly afterward in back from about first to fourth dorsal vertebra, *Lob-i*.

— pain in back from nape to sacrum, *Chel*.

— pain in small of back, *Sil*.

— pain in back by day but worse at night, so that she can only lie on her side; worse by speaking and by breathing deeply, *Nat-c*.

— pain in back and especially in sacral region, *Sec*.

— pain in head from back down spine, *Rhus-t*.

Vice, small of back very painful, feels as if in a vice, not allowing him to lie still at night or in daytime, has to sit in bent position, *Kali-iod*.

— sensation as if small of back was in vice, *Am-m.*, *Æthu*.

Vomit, he awakens at 2 A. M. with a febrile rigor and hot dry skin, and at times a shivering ague down back from the nape and over the chest, then some sleep from which he awakens in a gentle perspiration, with a pressive pain in back, and hips and in abdomen with inclination to vomit, *Hepar*.

Waking with a severe pain in lower part of back; it is often five minutes before she can straighten, *Lac-can*.

— stiffness in back at night on waking, *Sali-ac*.

— aching on waking, better by getting up with disinclination to move, *Lappa*.

Walk, does not walk erect, stoops or bends forward, *Sul*.

— weak child does not learn to walk, *All-sat*.

— oppression and anxiety when she walks somewhat quickly, with perspiration on back and chest, *Nit-ac*.

— perspires very profusely, especially on his back, when he walks or exercises otherwise, *Nat-c*.

Walking almost impossible, causing backache, *Æscul*.

— weakness when walking with uterine trouble, *Sepia*.

— inner coldness in small of back and loins; worse by walking but a few steps, *Camph*.

— pain particularly with stiffness; better by walking, *Sepia*.

— tired feeling in small of back when walking, *Camph*.

— debility and weakness in back and lower limbs; better by walking, *Hydr*.

— stiffness in back after horseback ride, stooping or walking, and lumbar region, *Lyc*.

— burning pressure in back; worse when walking in open air, *Kali-c*.

— obliged to stoop when walking, and gets painful stitches in back, by accidentally kicking against something, *Sepia*.

— back pains as if broken after walking an hour, *Plat*.

— in small of back, stitches and pain as from a sprain during rest and ceasing on walking, *Staph*.

— pain in back after walking, *Phos*.

— lancinating pain in back while walking, *Cof-cr*, *Sul*.

— pain in small of back; worse by motion and walking, *Mag-c*.

— pain in small of back when walking so she could not walk straight, *Am-m*.

— violent pain in small of back, when walking was frequently obliged to stand still, though it was steadily better by continuing to walk, *Zinc*.

— gets out of bed at 4 A. M. on account of pain in back; better after rising and walking about, *Nux-v*.

Walking, unbearable pains in back recurring periodically and hindering in walking, *Phos.*

— pain in back while sitting; better by walking or lying, *Cobalt.*

— pressure and burning in back; better by walking; worse by sitting and lying in bed, *Nitrum.*

— cracking in small of back while walking, *Zinc.*

— stiffness of back on sitting a long time; better by walking, *Sul.*

— weakness in back and loins when walking, *Graph.*

— lower part of back lame from walking or standing, *Zing.*

— stitch like jerk in small of back when walking, extends toward hips rather than upper part; worse by sitting or standing, *Fer.*

— pressive stitches in back; worse while walking or stooping and more on rising, *Rhus-t.*

— back and knees feel bruised while lying still in bed; better on rising and walking about, *Puls.*

— burning in back while walking in open air when she gets warm, *Sil.*

— a feeling at noon while walking as if a weight were lying across shoulders weighing him down so that his head sank forward, *Carb-sul.*

— heat on cheeks and flushes of heat on back in evening while walking in open air, *Phos-ac.*

— backache while walking, feels as if she must give up and lie down, *Kali-c.*

— violent backache after walking, *Nat-c.*

— sensation as if vertebræ were being torn apart when walking, *Chel.*

— backache; worse when stooping or walking, and from drinking coffee, *Cham.*

— difficulty in walking, increasing until child cannot walk, *Phos.*

— stiffness of back; better by walking, *Copaiba.*

Walking, pain in back when walking like from pressure when sitting or stooping, *Borax*.

— pain in small of back while walking, *Alum*.

— pain in small of back; worse from walking or standing, *Kali-c*.

Waist, severe pains across back and between shoulders and waist at 2 P. M., *Lyss*.

Warm, pain in back, loins and lower part of thigh in evening when entering a warm room, *Gels*.

— sensation passed up back into head, *Sarrac*.

Warmth, a feeling of warmth in lower part of back and small of back, as if lumbar region was asleep, extending down in sacrum, hips, and post. portion of thighs, *Berb*.

— with trembling of back and between shoulders, *Cof-cr*.

Warts, dreams that his back is covered with warts and excrescences, *Mez*.

Water, sensation as if hot water was creeping through back from below upward, *Nitr-sp-d*.

— chilly along back like cold water, *Stram*.

— sensation as if cold water was dropping down back, *Cap*.

— as if cold water was poured down back with headache, *Alum*.

— as if cold water were poured down back, *Puls*., *Zinc*.

— as if cold water were spurted on back at 6 P. M., *Lyco*.

Weak, pain in small of back as if lame and weak, *Lach*.

— back feels too weak to support body, *Ox-ac*.

— back feels weak as after taking a long journey, *Chin-ars*.

— back and headache in morning, *Pallad*.

— back feels weak as if it would soon give out, *Phos*.

— back very weak, unable to stand erect, *Physos*.

— stiff aching back, *Med*.

— feeling in back, *Tell*.

— wants to lean on something, back weak, *Sarrac*.

— feeling in small of back; worse from mental annoyances, *Cal-c*.

Weak, child does not learn to walk, back is weak, All-s.

Weakness of back undefined, Crotal., All-s., Æscul-g., Chrom-ac., Sarrac., Petrol., Zinc., Sul-ac., Sil., Iris-v., Ver-v., Pod., Zing., Con., Diosc., Abrot., Med., Carbo-v., Tell., Plant., Chin-ars., Pallad., Pop-c., Cimex-lec., Apis., Ole-jec., Sep., Calab., Physos., Nat-ph., Ox-ac., *Murex.*, *Pic-ac.*, *Agari.*, *Cal-c.*, *Ham.*, *Hydras.*, *Gels.*, *Graph.*, *Cascar.*, *Eup-per.*, *Lyss.*, *Phos.*, *Arg-n.*, *Kali-c.*, *Puls.*, *Coccul.*, *Nat-m.*

— stiffness of cervical muscles and great weakness of back, *Coccul.*

— of cervical muscles with heaviness of head, *Coccul.*

— and numbness in back, *Agari.*

— when walking, from uterine trouble, *Sepia.*

— in small of back, *Calc-c.*, *Petrol.*, *Eup-perf.*

— and debility in back and lower limbs; better by walking about, *Hydrast.*

— in small of back on beginning to walk and transient weakness in lower extremities, *Zinc.*

— and feeling of tension in small of back while sitting, with tension in head, *Zinc.*

— in back and limbs with sleepiness, *Gels.*

— in back and loins on walking, *Graph.*

— in back, can hardly stand alone, *Sul-ac.*

— and backache, inclination to lie down, a distaste for business, *Casc.*

— of back and paralyzed feeling in lower limbs, could scarcely walk, *Sil.*

— in lower part of back, *Iris-v.*

— of back, *Curare.*, *Ver-v.*, *Carbo-v.*

— backache as from weakness; better when leaning against something, *Zing.*

— in back and sacrum with profuse vaginal discharge when walking and sitting, *Graph.*

Weakness and lameness in small of back and subsequent lassitude, *Con.*

— in small of back, lame and stiff, *Diosc.*

— great in back as if it would split and fall apart, *Lyss.*

— and soreness of back, *Podo.*

— of small of back extending around body as if broken, *Plant.*

— violent bruised pain in back while walking in open air, *Zinc.*

— and pain in small of back, *Psor., Sepia.*

— and great pain in small of back at 6 P. M., *Sepia.*

— dull heavy pain, with great weakness in small of back, *Lil-tig.*

— drawing like a painful weakness in small of back, and spine while sitting or stooping, *Zinc.*

— and pain in back; also down arms at 2 P. M., *Calab.*

— and paralytic sensation in small of back, *Phos.*

— great in legs, with backache, especially at night, *Arg-n.*

— great in small of back and lower limbs, *Kali-c., Nat-m.*

— early on rising, like paralysis in small of back; sometimes also near abdomen, *Nat-m.*

Weariness in left side of back in morning on moving left arm, *Sul.*

— and stiffness of back with seminal emissions; excited sexual desire, *Puls.*

— burning in small of back, *Poplus-c.*

— and heaviness in back while lying down, *Phos.*

— sensation of weariness and soreness in small of back, *Cimex.*

— pain in back and lower limbs as if beaten in morning on rising, with general weakness, *Stann.*

— while sitting, with peculiar pressing pain in back in region of last rib, *Canth.*

Weather, small of back pains; worse when sitting and in wet weather, *Rhod.*

Weeping, violent pain in small of back like gnawing, drawing up between the shoulders, where it becomes so violent she feels like weeping, *Alum.*

Weight, painful tension and stiffness in cervical muscles with a sensation as if weight were lying upon them, *Vinca-min.*

— stiffness, lameness and pain in back, *Helon.*

— sensation of weight in back and shoulders with dyspnœa, *Nat-m.*

— in back and pelvis on rising from a seat, *Aloe.*

— as if an iron bar was pressing on small of back, *Elaps.*

Wet, severe rheumatic stitches from getting wet while warm, *Dulc.*

Wheals, violent itching on back. lower limbs and nates in evening in bed, with wheals after scratching, which soon pass off, *Lyc.*

Wind, collection of wind pressing against back, *Cup-s.*

Wood, pain in small of back as if a piece of wood, lying cross-wise, were being pressed out, *Nux-m.*

Woolen, sensation on skin of back as if he wore a stout woolen shirt, *Fer-sul.*

Work, exhausted as after hard work, especially in back, *Apis.*

— backache after hard work, *Arn.*

— cannot work on account of backache, *Asaf.*

Writing, pain like stiffness in small of back when writing; better by becoming erect, *Laurocer.*

Yawning, restlessness great with yawning and stretching of arms and legs with pain in back: weariness as from too great exertion, with awkward tottering gait with jerks taking away breath or going into abdomen, *Lach.*

— acids cause pain in back with yawning and stretching as in fever, *Lach.*

— stiff pain in cervical muscles on moving neck and on yawning, *Coccul.*

Yawning, shivering in back in A. M. with frequent yawning and inclination to sleep, Graph.

— after yawning a sensation in small of back as if something elastic like air was pressing to get out, Amm-m.

— cold trickling down on both sides of upper arm, over the back and feet while yawning, Mez.

Years, constant backache for several, Sul.

Zoster, eruption on back like zoster, *Cist-can*.

CORRECTIONS IN THE FEBRUARY NUMBER.

The following corrections and additions should be made in the abstract of the testimony taken by the Royal (Br.) Commission on Vaccination in the February issue of THE HOMŒOPATHIC PHYSICIAN:

Page 56, second paragraph, first line, for "Dr. Kleiss" read *Dr. Klein*.

Page 59. Instead of the second paragraph read:

Q. 4.646 (Dr. Bristowe). "May I ask whether you re-vaccinated any of those children afterwards with other lymph?" "Not when they had the normal vesicles."

In the article by Dr. Klein, quoted on page 56 of THE HOMŒOPATHIC PHYSICIAN for February, 1898, Dr. Klein quotes F. Cohn, Pohl Pineas, Dr. Paul Guttman, and Dr. Buist as authorities for the statement that the streptococcus is constantly present in vaccinia.

Dr. Walter Reed, U. S. A., in a paper read before the District of Columbia Medical Society, June 5th, 1895, says the same thing with regard to all the vaccine virus examined by him. All these are advocates of vaccination, and their reports need to be remembered when we hear people talk of "pure calf lymph."

THE ORGANON AND MATERIA MEDICA CLUB OF THE BAY CITIES OF CALIFORNIA.

The regular semi-monthly meeting of *The Organon* and Materia Medica Club convened at the office of Dr. J. M. Selfridge, Oakland, on Friday evening, August 6th, 1897. Members present were Drs. J. M. Selfridge, Augur, Holmgren, G. H. and E. F. Martin. The Secretary being absent, Dr. G. H. Martin acted as Secretary pro tem. The minutes of the annual meeting of July 2d were read and approved. Dr. Augur read an interesting paper on "Syphilis and Sycosis," in which he epitomized Hahnemann's views on the same, as gathered from his several writings.

In the discussion other members gave their understanding of Hahnemann's meaning on certain points, but these did not differ materially, and all agreed that neither science nor time had greatly altered Hahnemann's doctrines concerning these two measures. Adjourned.

G. H. MARTIN,
Secretary pro tem.

SYPHILIS AND SYCOSIS.

GEORGE J. AUGUR, M. D.

[Read before *The Organon* and Materia Medica Club of the Bay Cities of California.]

At the request of our President I have attempted to epitomize Hahnemann's views on "Sycosis and Syphilis." Of these two miasms, which Hahnemann designates as causing by far the smaller part of the chronic diseases, we will review the first. This miasm he tells us has produced the fewest chronic diseases, and has only been dominant from time to time, raging with the greatest activity during the French war from the years 1807 to 1814; that the treatment of this disease by allopathic physicians from its supposed alliance to the venereal chancre affection was by Mercury internally, while the excrescences were treated by cauterizing, burning, cut-

ting, and ligation. These excrescences usually manifest themselves on the genitals, and are attended by a sort of gonorrhœa, though not always, appearing several days, weeks or even months after infection; in character soft and spongy, bleeding easily, more rarely dry like warts. That he considers this disease, sycosis, to differ from the common gonorrhœa in that it is constitutional is manifest, for he says: "The miasms of other common gonorrhœas seems not to penetrate the whole organism, but only locally to stimulate the urinary organs. They yield either to a dose or two of fresh Parsley Juice, Cannabis, Cantharides, or Copaiva Balm, according to the difference in the constitution of the individual affected or other ailments attending the disease."

These remedies should be used in the higher or highest potencies in case a psora slumbering in the body of the patient has been developed by means of a strongly affecting, irritating or weakening treatment by allopathic physicians. In such cases secondary gonorrhœas frequently remain, which are only to be cured by anti-psoric treatment. Hahnemann still further emphasizes the difference in the two diseases, in that the treatment of the fig-wart disease by external destruction of the excrescences in no way diminishes the miasm which rules in the whole organism. Nor does the Mercury taken internally affect the disease favorably, being in no way appropriate to sycosis. Besides undermining the general health by this remedy (which is usually given in large doses), similar excrescences then break out in other parts of the body, either whitish, spongy, sensitive, flat elevations in the cavity of the mouth or on the tongue, the palate and the lips, or as large, raised brown tubercles in the axilla, on the neck, on the scalp, etc., or there arise other ailments of the body. The gonorrhœas dependent upon the fig-wart miasma, as well as the excrescences, are cured most surely, most thoroughly, through the internal use of Thuja potentized to the decillioneth degree, and when these have exhausted

their action, after fifteen to forty days, use a small dose of Nitric-acid in the same potency, which must be allowed to act as long a time in order to remove the whole sycosis. It is not necessary to use any external application except in the most inveterate and difficult cases, when the large fig-warts may be moistened every day with the pure juice pressed from the green leaves of Thuja mixed with an equal quantity of alcohol. "If the patient was at the same time affected by another chronic ailment, as is usual after the violent treatment of fig-warts by allopathic physicians, then we often find developed psora complicated with sycosis. When the psora, as is often the case, was latent before in the patient, or as might happen, both these miasma are conjoined with syphilis, then it is necessary to come to the assistance of the most afflicted part, the psora," by the appropriate remedy, and then to make use of the remedy for sycosis, before the proper dose of the best preparation of Mercury is given for the syphilis. The same plan of treatment may be continued until a complete cure is effected.

SYPHILIS.

We now come to the second chronic miasma, which is far more common and widely spread, and has, according to Hahnemann, been the source of many other chronic ailments. In the cure of this disease, syphilis, three states or conditions are to be considered:

First. When the initial lesion, the chancre, still remains, or if this has been removed by local applications, the second manifestation of syphilis, the bubo, is present, and this usually only appears after removal of the chancre by external treatment.

Second. When the disease is alone without the complication of a second or third miasma, and also without the vicarious symptoms of either the chancre or bubo.

Third. When it is complicated with another chronic dis-

case, *i. e.*, with a psora already developed, while the local symptoms of the malady may still be present or removed by local treatment. The evidences of this disease appear as we know after impure coition, usually from seven to fourteen days, first as a small pustule, then changing into a foul ulcer with raised edges. The ulcer, though increasing in size, will remain until the end of a man's natural life if not cured by the indicated homœopathic remedy or removed by the usual allopathic practice of local applications. Furthermore, the chancre is a vicarious index of the syphilitic miasma, and as long as it remains unhealed no secondary symptoms of this venereal disease will appear. Should, however, this local manifestation of the specific constitutional condition be suppressed, and no secondary symptoms be present to indicate whether the disease is cured or simply slumbering, there can be observed a sign in way of a reddish or blue scar at the point where the ulcer had been, showing that the disease still exists in the system.

If, on the other hand, the disease has been really eradicated from the system, as it can be by one dose of the best mercurial preparation within fourteen days, if the condition be as described in the first simple state, then there will exist no discoloration of the skin at the point where the chancre had been.

Even in the second state, in which the chancre and bubo have been driven away through local applications, but there exists no developed psora as a complication, "all outbreaks of the secondary venereal disease may be avoided, and the man may be freed from every trace of the venereal miasma through the before-mentioned simple internal cure effected by a like dose of the above-mentioned mercurial medicine." All signs even in this case of discoloration at the point of the initial sore will have disappeared, because of the action of the internal homœopathic remedy, and because of the absence of psoric complications.

We come now to the third and most difficult form to cure—when the syphilis is complicated with developed psora. This psoric disease may have been manifest in way of chronic ailments at the time the syphilis was contracted, or slumbering in the system may have become aroused by strong allopathic treatment. In either case when the disease is combined with developed psora it is impossible to cure the venereal disease alone. It can only be done by first giving the anti-psoric remedy which is homœopathically best fitted to the prevailing symptoms, and allowing it to act as long as it will, and then possibly a second most suited to the remaining psoric symptoms, allowing it to act until all has been accomplished against the psoric disease which can be at this time. Then the syphilitic condition can be attacked by the best preparation of Mercury, as has been described.

If there should be a three-fold complication in way of three chronic miasms, as very rarely happens—the fig-wart disease with the venereal chancre miasm, and at the same time a developed psora—these cases are to be cured according to the same method, *i. e.*, the psora to be treated first, then one of the two remaining, the symptoms of which was the most prominent at the time, and then the last one.

In closing, I will state that according to Hahnemann psora can only act as a complication to venereal disease when it has been developed, and when it has manifested itself in way of a chronic disease, but not when it is latent and slumbering.

VENEREAL DISEASES have been radically healed by Homœopathy much more surely, with less trouble, and without any sequelæ: for without disturbing or destroying the local manifestation it heals the internal fundamental disease from within only.—(Hahnemann in *Chronic Diseases*, new ed.)

THE ORGANON AND MATERIA MEDICA CLUB OF THE BAY CITIES OF CALIFORNIA.

The regular meeting of the Bay Cities *Organon* and Materia Medica Club was called to order on September 3d, 1897, at 8.45 P. M., by the President, Dr. J. M. Selfridge.

The minutes of August 6th were read and approved. There being no meeting on the 20th there were no minutes of that date.

No other business presenting, a paper was read by Dr. Eleanor Martin on "Psora, as Taught by Hahnemann."

The doctor did not pretend to advance any new ideas regarding it, simply arranging Hahnemann's ideas upon psora, mainly as expressed in *Chronic Diseases*. She spoke of psora as occupying a prominent position in the causation of disease; that it is an internal disease with external manifestations; that infection therefrom was instantaneous, with a period for development. The external manifestation is so often a cutaneous eruption. Sometimes other causes than therapeutic, such as cold, heat, other eruptions, tend to make this disappear, but the internal condition never. The remedy *par excellence* for psora is Sulphur. It has often been given in large doses to the detriment of the case. Only temporarily aided by sulphur baths, producing later the sulphur disease. Sulphur does not cure all conditions of psora, but is usually called for in the beginning, and followed by other remedies. The mode of living, surroundings, occupation, baths, diet, stimulants, all should be looked into and directed. Likewise the mental conditions.

Dr. Selfridge—A difficult thing to verify is whether one dose of Sulphur will cure a case of itch. We seldom see a case of true itch now, or one that has not been tampered with.

Dr. Martin—I have had three cases of true itch well developed in the past few weeks. All recovered under Sulphur.

Dr. Selfridge—Another difficult thing to accept without verification is the cure of syphilis with a single dose of Mercury. (He related a case cured by Mercury, but it was given often, and twice with Syphilinum intercurrently.) I would like to verify with a single dose.

Dr. Martin—How is it a person can have psora and not have the itch, if itch is the manifestation of it?

Dr. Augur—Some of his ancestors must have had the itch.

Dr. Selfridge—Psora is a generic term for a class of diseases. Itch is only one form. At one time psora showed forth as leprosy.

Dr. Augur—I consider itch the father, as it were, of psora—the parent of other diseases.

Dr. Selfridge—I do not so consider it. Psora manifested itself long before itch. (The preface was then read to prove Dr. Selfridge's point, that psora passed through several forms, being before the oldest history of the oldest nation.)

Dr. Selfridge—Itch, then, is a modern manifestation of an old, old disease.

Dr. Martin—The trouble with the whole thing has been in using the term "itch" with "psora," and thus confusing ideas.

Dr. E. Martin—If psora can be cured, why cannot leprosy, the manifestation, be cured?

Dr. Martin—Because leprosy produces a degeneration of the nerve.

This closed the discussion, and the President then appointed Dr. Manning essayist, with "The Cautions of Hahnemann" as his subject for the next meeting.

GUY E. MANNING,

Secretary.

PSORA, AS TAUGHT BY HAHNEMANN IN THE *CHRONIC DISEASES.*

ELEANOR F. MARTIN, M. D.

Of the three chronic miasms which Hahnemann claims to be the foundation of all chronic diseases, psora is the most important of all. With it, as with the other two, sycosis and syphilis, but one moment is needed for infection; but for the development of this infection, so that it becomes a general disease, invading the entire organism, a longer time is required.

After a number of days have elapsed, the disease in the meantime receiving its fullest internal development so that an outlet seems necessary in order to keep the vital economy from too much injury and consequent danger, kind nature comes to its assistance and brings forth local conditions characteristic of the internal disease which act vicariously for the internal malady, palliating it to a certain extent.

These local conditions, or symptoms, appear on that part of the skin where the miasm touched the nearest nerves during infection; and the skin being the least dangerous part of the body, it can readily be seen how the vitality is saved by this process of nature. Without this cutaneous ailment the disease would not be complete; for this external manifestation is the necessary consequence, though alleviator of the internal malady.

Psora, then, is a chronic miasmatic disease—a complete whole—consisting of an internal invasion of the entire organism, with an external cutaneous eruption.

This is true also of the other two chronic miasms. The same process of nature takes place, and we have the internal invasion with external manifestations as well.

The mistake has been made, and is still being made, that

these cutaneous affections are simply local, merely adventitious from without, with no internal connection whatever.

In syphilis the chancre which appears after a certain time following infection is often looked upon as purely local, and to prevent absorption into internal parts it is removed by cauterization. The internal malady, thus robbed of its outlet, is now pent up within the organism, working sad havoc with the general constitution until we soon have a breaking out of the venereal disease internally.

In sycosis the fig-warts characteristic of this disease are cauterized for cure regardless of the internal condition, which is progressing to an increased degree.

So itch has been considered merely a disease of the skin, in which the internal portion of the body takes no part. For this reason the eruption is treated locally, much to the later dissatisfaction of the practitioner and to the great discomfort of the patient, for when this eruption has been destroyed the internal psora is placed in the unnatural position of dominating in a one-sided manner, and is thus compelled to develop secondary symptoms, which usually take the form of most severe chronic ailments.

To cure the entire disease most easily, quickly, and surely the original eruption must be present on the skin; for then the picture of the disease is complete, and a suitable antipsoric remedy given at this time will eradicate the disease—both its internal and external manifestations.

In discussing the cure of psora, there is one distinction to make between it and syphilis and sycosis, namely, in the former condition the cutaneous eruption sometimes disappears from causes other than artificial measures used purposely for its destruction. It may disappear suddenly from the effects of cold, warm baths, the infection of other eruptive diseases, etc., but the internal taint still remains.

In syphilis and sycosis neither the chancre nor fig-warts

ever pass away unless destroyed on purpose by external measures, or unless the disease is cured internally.

In the diagnosis and treatment of psora, then, it behooves us to readily understand the condition of our patient, and as readily to act in the work of cure before any accidental factor robs us of part of our disease picture.

The homœopathic physician, however, rarely gets a recent case of itch eruption in his private practice; the patient, on account of the intense burning and itching, usually applying either a home remedy or some local application obtained from a druggist, which eliminates the eruption, and, perhaps, also the opportunity for the homœopathic cure of the disease.

Only in prisons, hospitals, and orphan asylums can cases of itch with the original eruption be met with, and it is here that good homœopathic cures should be made.

The excuse of not knowing how and where infection has been derived is not sufficient for the use of external measures of treatment in cutaneous eruptions of any kind, for it should be remembered that the human skin does not evolve of itself any eruption without the coöperation of the entire organism; and hence should be treated by internal medication to affect the entire organism.

In some cases, as a result of a great change in the organism, the itch eruption reappears on the skin, but it is usually of short duration, passing away in a few days, showing that it lacks the complete quality of the first eruption, and it is therefore unreliable in the thorough cure of the psora.

The poor quality of this secondary eruption is due to the fact that the internal psora has already taken on the form of other chronic ailments, and cannot give to the eruption the force that it could at first.

During the appearance of this secondary eruption the symptoms of the secondary chronic disease, caused by the repression of the first eruption, suddenly disappear, but reappear when this eruption passes away.

It is a mistake, then, after the first eruption has been suppressed, to attempt to produce a secondary eruption in the hope of having some external manifestation to guide in the selection of a remedy, for the transitory characteristics of such secondary external condition convince us of its unreliability as an assistant in the work of cure. Hahnemann himself, before he was fully satisfied with this fact, was in the habit of trying to obtain an artificial renewal of the eruption by checking the respiratory function of the skin, but he found how useless and even harmful such method was.

The remedy *par excellence* that has been used for the cure of itch is Sulphur. Even in ancient times it was looked upon as a sort of specific, but was used only externally in the form of ointments or salves. Baths of warm sulphurous mineral waters were also used; but it soon became apparent that while the patients were freed from the eruption, they were not really cured, but, on the contrary, were soon afflicted with other ailments.

The more modern physicians gave it internally in connection with external measures, and then in large doses of ten, twenty, and thirty grains, frequently repeated, which merely acted as a purgative, and, instead of curing the disease, the external eruption was simply advanced. Often the entire malady increased, or, at least, a new trouble added, partly because the vital force expelled the Sulphur through purging stools or vomiting without having put its healing power to use.

While it is true that many patients seem to be relieved of their symptoms for a time by sulphur baths, they are not really rid of the original disease, but are under the dominion of a sulphur disease which may perhaps be more bearable, and they congratulate themselves that they are at least free from their first trouble. After a time, however, other symptoms arise, often worse than the original ones, and in different parts of the body. They then take a second treatment

of baths, only to find less alleviation of their suffering, and often an aggravation. Thus we see that the excessive use of Sulphur in chronic diseases takes away from it all value. The only way that Sulphur can be of service in psora is to give it in potentized preparation when the original itch eruption is present. It will then cure the entire disease both externally and internally, and often with a single dose. It will not cure all conditions of psora. It is only good in the beginning.

As a rule every psoric diathesis, whether still latent or already developed into some chronic disease, is rarely cured by any single anti-psoric remedy. Usually a number of remedies, one after the other, according to the symptoms, are necessary for perfect cure. This seems quite plausible, too, when we consider that psora assumes a great variety of symptoms as it infects individual men with varying bodily constitutions resulting from their peculiar occupations and habits of life, their climatic and hygienic surroundings.

With the medicinal treatment of all chronic diseases the *special* treatment is also very important, much depending upon the judgment of the practitioner. As to the mode of living, circumstances must be yielded to, taking care at the same time that everything be removed which would seem to hinder a cure. The usual daily labors of the patient should be continued in as far as the strength will allow, and only labors which would tend to interfere with the health of healthy persons should be prohibited. Persons whose occupations are of a sedentary nature should be instructed to walk more in the open air, without setting aside their work altogether.

People of the higher classes should be urged to walk more than is their custom. Any innocent amusement should also be allowed. Any act or inclination tending to the excitation of sexuality between the sexes should be interdicted.

In scholars suffering from chronic disorders mental occupation should be limited to work from memory. In mental troubles reading should never be allowed.

All classes of chronic patients must be forbidden the use of domestic remedies, as also the use of strong perfumes and the like. Customary baths should be gradually limited to quick ablutions only so far as cleanliness demands.

The diet must be moderated according to the mode of living of the patient. A plain diet should be insisted upon.

Drinks are usually the most difficult to decide upon. Coffee should be prohibited. In persons over thirty years of age, who have been accustomed to it all their lives, it may be gradually discontinued without causing any particular discomfort to the patient. Rye or wheat roasted and prepared like coffee are good substitutes.

Tea should also be prohibited and some harmless warm drink substituted.

All alcoholic drinks should be gradually stopped or prohibited. Patients who have been accustomed from youth to a plentiful use of such drinks cannot give them up at once or entirely without producing a sudden sinking of their strength, and it might even endanger their lives. In such cases the alcoholic beverage may be mixed with water until but a small quantity of it is actually taken.

Among the articles of diet which are apt to be injurious to chronic patients are dishes containing vinegar or citric acid. These not only cause disagreeable sensations and troubles in many patients, but also antagonize or excessively increase the action of some medicines. Acid and sweet fruits should only be allowed in small quantities.

Articles of diet which might tend to act as palliatives should be prohibited—such as stewed prunes for those inclined to constipation. Moderation in even harmless things is all important.

The use of tobacco and snuffs should be prohibited or gradually diminished.

There are often special hindrances to the cure of chronic diseases which ought to be avoided if possible. The most

important of these are uninterrupted grief and vexation. With either one of these two most active destroyers of health and happiness present the best medical treatment will be of little use. Where such a condition exists the mind diseased should first be ministered to by the removal of these annoying factors.

Another obstacle to the cure of chronic diseases is the suppressed sexual instinct in marriageable or married persons of either sex from any cause whatever, and which is usually shown by the many hysterical symptoms leading to melancholia and insanity.

Cases coming from allopathic physicians who have used one or many powerful mixtures, besides prescribing frequent mineral baths for the cure of some chronic ailment, are almost invariably at this stage quite incurable on account of the many disorders that have been added to the original diseases. Only in cases where there is enough vital force left can the physician hope to free it from these secondary conditions, and by careful homœopathic treatment for a considerable time urge on a reassertion of its powers. In these cases the chronic medicinal diseases must first be treated by an improved manner of living and well-regulated diet, with, perhaps, but little medicine. By this method the vital force may change those parts of the organism which it compulsorily degenerated, and the patient may then present a condition similar to the original malady which may be met successfully with anti-psoric remedies.

Another hindrance to the cure of advanced chronic diseases is found in the debility and weakness of the sons of rich parents, who, through their destructive passions and excesses, become mental and physical wrecks; whose perversely treated venereal disease, coupled with a psoric taint, make of them but miserable subjects for the best anti-psoric treatment. One more peculiar obstruction to a cure is where, usually among the lower classes, after repeated infections and re-

pressions of the resulting eruptions, severe chronic ailments have developed from the internal state. A cure, however, may be effected in such patients, provided they are not too much debilitated nor too aged, by a judicious use of anti-psoric remedies, though much more time and patience will be required.

Nature seems to assist also in these difficult cases, for it has been found that in cases of itch arising from a new infection, and regardless of the fact that chronic ailments have rapidly developed from one or more previous infections, if the eruption of the new infection is kept unhindered on the skin, a few doses of the appropriate anti-psoric remedy will cure it as easily and quickly as if it were the first and only infection, and will include in this cure the original taint, with all its secondary ailments.

This is true also in syphilis, where, after local destruction of the chancre or bubo, with consequent breaking out of the venereal disease, a new infection takes place, and the chancre being left undisturbed, a single dose of the best mercurial preparation may cure it, together with the original venereal disease, providing that no complication of sycosis or psora is present; for if this is so they must be treated first.

It is not advisable, however, to intentionally cause an artificial infection of itch in order to secure an easier cure, because usually during severe chronic disorders arising from a psoric origin the itch miasm rarely retains its hold, and seems to cling less when caused by artificial inoculation than when originating from an accidental, unintentional infection.

Psora is that most ancient, most universal, most destructive, and yet most misapprehended chronic miasmatic disease which for many thousands of years has disfigured and tortured mankind.—(Hahnemann in *Chronic Diseases*.)

INTERNATIONAL COMMISSION FOR THE RESTORATION OF HAHNEMANN'S TOMB.

Very few of the followers of Homœopathy are aware of the sad fact that the grave of Samuel Hahnemann, the founder of the homœopathic method of treatment, in the cemetery of Montmartre in Paris, is in a very greatly neglected condition, the body having lain there for fully fifty years and the surroundings having gradually and almost completely decayed.

The Quinquennial International Congress of 1896, held in London, which coincided with the year of the celebration of the centenary of Homœopathy, resolved to signalize this event by the restoration of Hahnemann's tomb; and in order to carry this resolution into effect elected an International Executive Commission, composed of the members whose names are signed below.

It was the duty of the Commission, first of all, to secure the consent of the owners of the grave to the carrying out of the necessary works and to the legal transfer of it in perpetuity to the French Homœopathic Society, to be maintained by that body.

This task has been fulfilled.

The Commission will now have to occupy itself with the financial side of the matter, and with this object it has opened an international subscription, and now appeals to all homœopathic societies, to all homœopathic physicians, and to all followers of Homœopathy throughout the whole world with an earnest request for assistance.

It is impossible to longer suffer that the grave which preserves the mortal remains of one of the greatest physicians and benefactors of mankind should remain in such lamentable neglect, and the Commission hopes that every one en-

joying the inestimable benefits of homœopathic treatment will consider it a matter of honor to contribute his mite towards the erection of a monument worthy of the undying fame of Samuel Hahnemann.

Subscriptions are received by the members of the Commission, or are sent straight to the Secretary of the Commission in Paris. The list of subscriptions will be printed in the *Revue Homœopathique Française* and other journals of the countries represented on the Commission.

LEON BRASOL, M. D., *Chairman*, Russia.

St. Petersburg, Nikolaievskaja, 8.

FRANÇOIS CARTIER, M. D., *Secretary*, France.

Paris, 18 Rue Vignon.

RICHARD HUGHES, M. D., England.

Brighton, 36 Sillwood Road.

BUSHROD W. JAMES, M. D., U. S. America.

Philadelphia, Pa., N. E. Cor. Eighteenth
and Green Streets.

ALEXANDER VILLERS, M. D., Germany.

Dresden, Luttichaustrasse 7.

TO THE MEMBERS OF OUR MEDICAL PROFESSION:

In accordance with the desire of the International Commission to improve Hahnemann's tomb, the above appeal is sent you for consideration and action. As the American representative I will be glad to hear from you.

Very truly and fraternally yours,

BUSHROD W. JAMES.

PHILADELPHIA, PA., April 1st, 1898.

HAHNEMANN'S TOMB.

ST. PETERSBURG, NIKOLAIEVSKAIA, 8,

28 February, 1898.

BUSHROD W. JAMES, M. D.

MY DEAR DOCTOR: I now have the opinion of all our members, and send you the appeal of the committee in the final form and ready for publication. The majority of votes in the committee—Drs. Cartier, Villers, and I—to which you also have given your adhesion, consider it undesirable to exclude Americans from the subscriptions, seeing that on the committee there is a representative of the United States, and that the subscription in that case would no longer be international.

You have probably already received from Dr. Cartier the letters of invitation to the homœopathic societies, and now it remains to proceed to the collection of pecuniary means without loss of time, of which there is now little left.

I hope that you will apply all your influence for the successful collection of contributions.

Our Society of Homœopathic Physicians, of which I am the President, has assigned 2,000 francs. With best wishes, I remain,

Yours sincerely,

DR. LEON BRASOL.

BOOK NOTICES.

MAP OF CUBA. This is a beautiful colored map, mounted on heavy white paper and having all the details up to date. Its size is thirty-four inches by seventeen and a half ($34 \times 17\frac{1}{2}$). It is issued by the Delaware Fire Insurance Co. of Philadelphia to its patrons free of charge. To those who are not its patrons the map will be sent for the nominal charge of seventy-five cents.

THE CRITIQUE, a journal devoted to Homœopathy and published in Denver, is organizing a wonderful outing tour through the Rocky Mountains next summer, in connection with the American Institute of Homœopathy. This wonderful excursion will cost only sixty dollars (\$60.00). Those who wish to enjoy this excursion should subscribe *now*. For circulars and full information address Dr. J. Wylie Anderson, 16 Steele Block, Denver, Colorado.

THE MINING BULLETIN is published by the Pennsylvania State College.

The March number of this interesting periodical has been received. Among other items of information we note that it has made an interesting exhibit of the coal production of Pennsylvania. Last year the production was 46,947,650 tons of anthracite and 54,672,500 tons of bituminous coal—sufficient in amount to fill three million freight cars, which in a train would be long enough to reach nearly twice around the globe.

Every 110,000 tons of anthracite coal mined and sold cost one life and more than two serious injuries, employing 226 miners. Every 360,000 tons of bituminous coal means the loss of one life and injuries to three others with the employment of nearly 600 men.

This journal is published for the benefit of the mining industry, and will be sent to any one desiring a copy.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX. A work of Reference for Medical Practitioners. 1898. Sixteenth year. New York: E. B. Treat &

Co., 241 and 243 West Twenty-third Street, Chicago.
Price, \$3.00.

This book is regularly brought to the notice of our subscribers every year. It is an epitome, a summary, of all the advancement made in medicine during the past year. Whoever possesses himself of it has a fine retrospect of medical progress, and if he be so fortunate as to have the whole series of sixteen volumes he has at his command the history of medical thought and its changes during the past sixteen years. To facilitate this reference the book is supplied with an excellent alphabetical index which in the present volume occupies twenty-four pages double column. Thus, if it be desired to know what have been the changes in idea concerning Typhoid Fever, we have but to turn to that word in the index in each of the volumes, and there we have before us a superior condensed statement of everything that has been discovered about it during the year for which the volume consulted was published.

By taking *all* the volumes for sixteen years and turning to Typhoid Fever in each one, and reading them in chronological order, we have an excellent retrospect of the subject for sixteen years. This certainly is commendation enough to secure for these volumes the regard of the whole medical profession. Even those who are too much taxed for time to enable them to indulge their taste for study and investigation will find in these volumes the information they seek in the most complete, yet concise form, and obtainable with the least loss of time.

Looking through the present issue of this admirable work, we notice in the first part comment on drugs. The drugs are in alphabetical order, and one is assisted in getting at them by the thorough index. Then there is a chapter on electrical improvements, illustrated. There is a short chapter on hypnotism and mental suggestion by Dr. Tuckey.

In part II on new treatment we notice articles on abdominal surgery, abortion, albuminuria, amenorrhœa, amputations, aneurism, anthrax, appendicitis, aphonia, arthritis, and asthma. These subjects we take at random from the letter A, the better to show the scope of the book.

In the article on albuminuria, cases are reported of the cure of albuminuria by puncturing the kidney capsule.

Under "dermatitis" is shown a fine plate, illustrating the production of dermatitis by the action of the X-rays. It is indeed a proving of the X-ray.

In the article on diphtheria, photographs by the X-ray are shown of the throat of a child to show the position of the tube in intubation.

Curious cases of the dislocation of the knee are reported with wood-cut illustrations.

Elaborate surgical procedures for the treatment of the ear are shown, especially for the restoration of the external drum. The treatment of fractures of the leg so as to permit of walking during the progress of bony union is described, and fine plates, illustrating the method of managing such cases are given. Congenital dislocation of the hip is liberally illustrated by plates, and methods of treatment are explained.

The comparatively new operations of suture of the intestines are well treated and

finely illustrated, and the latest surgical procedures on the kidney are also shown.

Pott's Disease, with methods of correcting the deformity, are described and profusely illustrated with photographic prints.

All these are exceedingly interesting, of great practical value to every enlightened physician, and need to be well known if the physician wishes to be up-to-date, and not falling behind in the progress of this wonderful age.

AN EPITOME OF THE HISTORY OF MEDICINE. By Roswell Park, A. M., M. D., Professor of Surgery in the Medical Department of the University of Buffalo, etc. Illustrated with Portraits and other Engravings. One volume, Royal octavo, pages xiv—348. Extra cloth. Beveled edges. \$2.00 net. The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street, Philadelphia; 117 West Forty-second Street, New York; 9 Lakeside Building, Chicago.

This volume is intended to be a text-book for medical colleges. The author claims that the history of medicine has been too much neglected, and that it ought to be included in the course of study in the colleges. He has therefore prepared this volume, in which the main facts are given with avoidance of too much detail. It therefore may also serve as a book of reference, and even be read by the laity with profit. It is illustrated, also, mainly with copies of old wood-cuts, giving portraits of prominent men and early colleges, and early forms of surgical instruments.

His estimate of Paracelsus is severe, and in the main close to known facts, yet he also says of him: "Few men there are of whom so much good or so much evil has been written as of Paracelsus. Few are there of whom it is to-day so hard to judge, since, if we refer to his contemporaries, they disagree completely concerning him, and if we refer to his own writings we fall into still greater chaos, and have to abandon the attempt. His writings show ideas without connection, observations which contradict each other, and phrases which defy comprehension. At one moment he gives proof of admirable penetration, at the next simply abject nonsense."

This Paracelsus was the man who wrote: "Know, ye doctors, that my hat knows more than you; that my beard is more experienced than your academies. Greeks, Latins, Arabians, French, Italians, Jews, Christians, and Mohammedans, you must follow me; I shall not follow you, for I am your monarch, and sovereignty belongs to me." The full name of the author of these modest pretensions was Aurelius Phillipus Theophrastus Paracelsus Bombastes ab Hohenheim!

The author whose work we are reviewing sums up the value of Paracelsus in these words: "Altho' this man was such a prominent character in his day, his name must be erased from the list of those who have contributed to the world's progress. He was simply a pretended reformer, who counted as nothing the most erudite writings, and who relied solely on his own experiences. He had the most profound self-confidence, and played upon the credulity of his neighbors and victims with the toys which were furnished him by the prevalent cabalistic notions of the day. The

school which he would have founded was nothing but a school of ignorance, dissipation, and boasting—a school of medical dishonesty.” This account is embellished with a portrait derived from an old engraving of Paracelsus.

On page 225 the author tells the history of the origin of vaccination. According to this statement the principle of “preventive inoculation against small-pox” was known to the ancients, especially the Brahmins. The Chinese, ten centuries before Christ, practiced a modification of the method, using “pledgets of cotton saturated with variolous pus,” which were introduced into the nasal cavities of young children. The practice of inoculation was then brought into the west by Lady Mary Wortley Montagu, wife of the English Ambassador to the Porte. The rest of the history is too familiar to need repetition here.

The author notices Homœopathy, and attributes its rise to a reaction against the excessive dosing of the day. He regards it as a rebound to the other extreme of “practical therapeutic nihilism.” He says the doctrine of *Similia* was not original with Hahnemann, but had been formulated by Hippocrates, and later by Paracelsus. No further comment on Homœopathy is made, but he notices Isopathy as one of its offshoots, and declares it to be “perhaps the filthiest theory ever invented.” He makes a ludicrous error in defining Isopathy as a principle, “according to which like is to be cured by like.” Then he notices another “offshoot” of Homœopathy—Mattei’s Electrohomœopathy, with its “red,” “blue” and “green” electricity, which he rightly denominates “utter idiocy.”

A contemptuous notice of Phrenology follows the foregoing, and then he returns to the ordinary developments of the old school.

A high tribute is paid to the genius of Andral, who taught the doctrine of blood dyscrasie, and who is memorable for his attempts to disprove the truth of Homœopathy by instituting experiments in the hospitals (under adverse conditions, of course) to show its inefficacy.

Finally, the author notices the University of Pennsylvania at Philadelphia as having the honor of being the first medical school in America. A copy of an old print is inserted, showing the humble beginnings of the University in Fifth Street, this city. We may here digress to speak of the growth of the University of Pennsylvania since its foundation a hundred and twenty years ago. It was removed to Ninth Street, where it was composed of two large buildings—a medical department and an academic department. Later it was removed to West Philadelphia, where it had expanded to four large buildings, valued at half a million dollars. Now, under the wonderful administration of Dr. William Pepper, the Provost, who may well be styled the father of the University, it has expanded to a village of forty-five immense buildings, valued at from ten to fifteen millions of dollars. Lately, Dr. Pepper has resigned the office of Provost in order to devote himself more closely to the medical department, and has named his own successor, Mr. Charles C. Harrison, a well-known business man. In its extraordinary progress, thanks to the rare executive ability of Dr. Pepper, the University is seeking to include in its curriculum every department of human knowledge. We, therefore, confidently expect that it will sooner or later add the teaching of genuine Homœopathy. Efforts in that direction have not been wanting, and they have not been repelled entirely, as would naturally be expected. Hence, we have justification for our expectations in this direction.

THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. XVIII.

MAY, 1898.

No. 5.

EDITORIAL.

SILICEA.—Sweat of the feet offensive, causing soreness between the toes. There is no remedy so frequently indicated in this condition as Silicea. The editor has frequently verified it in his own practice. Dr. Lippe gave several other remedies as being useful also in this condition; they are, Kali-carb. Graphites, Lycopodium, Nitric-acid. There are, however, many other remedies that have the condition. A Repertory of foot sweat, by Dr. Olin M. Drake was published in THE HOMŒOPATHIC PHYSICIAN for June, 1894. This gives all that is known about foot sweat according to the materia medica, up to date. Reprints of this Repertory may be had at this office. Before leaving this subject we ought to mention Dr. Guernsey's keynote for Calcarea-carbonica, "Cold feet as if the patient had on cold damp stockings."

Silicea has sense of constriction of external parts.

Silicea is a useful remedy in epileptic attacks, especially when they occur at night during the new moon. Kali-carb. and Calcarea-carb. are useful remedies, according to Dr.

Lippe, in epilepsy. Bufo is, however, the principal remedy in this terrible disease.

The editor of this journal has had much success in a case of epilepsy with Nitric-acid.

The patient was a young girl who had the epileptic attacks every month at the access of the menstrual flow, although they were not wanting in the intervals between the menstrual periods. At each attack the patient would fall down with a scream, and then go through the usual phenomena of the convulsions, during which both arms would become dislocated at the shoulder-joints. The patient would come out of these seizures with the exclamation, "What did you say?" and then a physician had to be called to reduce the luxation. The patient had probably been treated with Mercury before the editor had charge of her case. Her tongue was deeply indented upon the edges, and with sore pimples upon the tip. Every day she had numerous insensible spells, called by pathologists "*petit mal*." These insensible spells would amount to as many as fifty in one day. Six years ago she came under the care of the writer, and he gave her a number of remedies without any perceptible effect until, after prolonged study of the case, he decided upon Nitric-acid. This was given in the two hundredth potency in occasional doses and persisted in, up to the present time. Then the spasms were found to come at longer intervals. Instead of once a month, they came once in two months, then once in three months. Later they came once in five months, then once in six months, then once a year. At the time of writing this editorial there has been no spasm for one year and three months, and the spells of *petit mal* have been reduced to two or three a day, while some days pass without any at all! The bowels, which were obstinately blocked, are now regular and the little woman is bright and hopeful and making herself exceedingly useful among her friends with whom she resides. It is to be observed that conditions sometimes arose which

would necessitate the giving of other remedies which might be indicated. But these occasions were rare, and as a rule she took nothing but Nitric-acid for the whole period she has been under our treatment.

Another observation may be made. In the last two or three spasms which she suffered there was no dislocation of the two humeri.

The Silicea patient takes cold from having the head uncovered. Belladonna has cold in the head from having the hair cut.

Silicea patient takes cold from any exposure of the feet, such as getting the feet wet.

Silicea has ebullitions and thirst from drinking small quantities of wine.

Zinc has headache from small quantities of wine. For a full list of indications for effects from wine see the editorial on Conium in THE HOMŒOPATHIC PHYSICIAN for January, 1897, pages 2 and 3.

Silicea is indicated in children who are slow in learning to walk. Calcarea-carb. is similarly indicated.

The Silicea patient is sleepy but is unable to sleep. This is similar to Belladonna. One of the prime indications of Belladonna is drowsiness with all ailments. Calcarea-carb. has sleep prevented by many thoughts coming into the mind.

Nux-moschata has great sleepiness with deep sleep at all hours of the day. The patient falls asleep the moment he becomes quiet.

The Silicea patient has many dreams. So has Aconite. There are many other remedies which are indicated for dreaming, but Dr. Lippe did not give the indications. Those who are desirous of full information on this point may consult Dr. Knerr's excellent Repertory to *The Guiding Symptoms*, page 1050.

VACCINATION IN THE LIGHT OF THE ROYAL BRITISH COMMISSION.

M. R. LEVERSON, M. D., FORT HAMILTON, L. I., N. Y.

(Continued from April No., p. 147.)

Q. 4,772. Dr. Cory is not familiar with the pamphlet, "Facts Concerning Vaccination for the Heads of Families," which is stated to have been revised by the Local Government Board and issued with their sanction.

Q. 4,774. (Dr. Bristowe). "Can you give us any information at all with regard to the views of those who have investigated the cow-pox; on what grounds were you induced to use the lymph from it?" "Dr. Klein brought up some of the cow-pox lymph and we vaccinated calves with it, producing quite characteristic-looking vesicles; and then I brought some of the lymph from those calves down and used it on some of the children at St. Thomas."*

Q. 4,775. Dr. Cory thinks that vaccine virus does not deteriorate by going from human being to human being if properly managed.

Qs. 4,776-80. In reply to Sir Edwin Galsworthy, Dr. Cory describes the mode in which he instructs and examines students and candidates for certificates as vaccinators.

Q. 4,781. The change to calf lymph from humanized lymph, which was merely a renewal of our stock, was made at the Surrey Chapel Station more as a matter of convenience than anything else.

Q. 4,792-4. Dr. Cory thinks there is less inflammation when human lymph than when calf lymph is used; but he has not worked the question out carefully.

* This is a remarkable statement to be given as an answer to Dr. Bristowe's question. Let it be remembered that Dr. Cory is the English government's "Instructor in Vaccination." Further, it nowhere appears to what cow-pox lymph Dr. Klein here refers, but it seems probable that it is the stuff spoken of in Qs. 4,630-4,637 and Qs. 4,783-4,789.

Q. 4,797. Repeats that it is a matter of indifference whether re-vaccination be performed with human lymph or calf lymph; the result is the same.

Q. 4,798 (To Mr. Hutchinson). Dr. Cory has no reason for the preference of calf lymph to human lymph.

Q. 4,799. "Is one followed by irritation more frequently than the other?" "I think not; I do not think that there is any real difference."

Q. 4,802 (Prof. Michael Foster). "When you said in answer to Q. 4,338 that it was a matter of comparative indifference which lymph was used, were you taking into consideration the probability of inflammation and other untoward consequences, or was your attention in answering the question directed only to the efficiency of the vesicle?" "I was speaking then with regard to the vesicle, I think; at least that was my impression at the time."

Q. 4,804. "Such differences as there may be between calf and human lymph with regard to the development of untoward results are so small that you still regard them as a matter of indifference?" "I think so."

Q. 4,805 (Dr. Collins). "Then would your answer to Q. 4,491 be correct where you say, 'My impression is that you get more sore arms after using calf lymph than after using humanized lymph?' " *"I am afraid that I have contradicted myself there, as in many other places."**

* The ingenuousness of this answer, together with the sincerity of his belief, which he demonstrated by syphilizing himself by vaccination so thoroughly that it was feared his arm would have to be amputated in his vain effort to prove that syphilis could not be invaccinated, led me to regard Dr. Cory in a more favorable light than I did Drs. Simon, Thorne and other official witnesses, as may be seen on pp. 497-8 of Vol. XVI. of THE HOMOEOPATHIC PHYSICIAN, in which the present abstract of the testimony taken by the Royal British Commission was commenced.

In view of the remarkable record of Dr. Cory's evidence now given, of the recklessness it displays of infantile suffering and life, and of his shifty and evasive replies, the reader must decide whether the opinion before expressed was not far too lenient, and whether a closer study of Dr. Cory's testimony must not lead to a far less charitable judgment.

Q. 4,808 (Mr. Whitbread). "Quite accepting your explanation of the way in which the plural 'hospitals' got into the card, do you think it prudent to issue that card with a statement on it confined to the one hospital, when, as a matter of fact, it has been proved that re-vaccination does not give such absolute immunity?" "I do not know that it would really make very much difference if you left the 's' in. There would be very few, if any, cases where a nurse who has had small-pox has been previously successfully re-vaccinated."

Q. 4,809 (Dr. Collins). "Are you aware that it is stated in a pamphlet, which has been issued with the sanction of the Local Government Board, that soldiers who have been re-vaccinated can live in cities intensely affected by small-pox without themselves suffering to any appreciable degree from that disease?" "Yes, I know that statement."

Q. 4,810. "Evidence has come before the Commission that the reason for the excess of small-pox in the army in India, which is re-vaccinated, is their greater exposure to contagion?" "*I know nothing of the army in India.*"

As above mentioned, Dr. Cory appeared again before the Commission on the 7th of May, 1890. What he then said concerning his "contradictions" regarding the Wiltshire or Alderley (Gloucestershire) cow-pox and lymph was abstracted so as to follow immediately his testimony of December 4, 1889. We will now proceed to abstract the rest of his evidence of the later date.

Q. 8,912 (Dr. Collins). "In answer to Q 4,660, 'Would you approve of that statement that the perfect character of the vesicle is no guarantee that it will not furnish both vaccine and syphilitic virus,' you replied, 'Yes, I should approve of it.' That answer *has since been altered* to 'I do not disapprove of it.' Would you wish to qualify that answer in any way so that we may understand your view?" "Not further than that."

Qs. 8,913-14. Quoting from Dr. Ballard's essay on vaccina-

tion, p. 345, "the perfect character of a vaccine vesicle is no guarantee that it will not furnish both vaccine and syphilitic virus," Dr. Cory says "that statement is correct, and I do not disapprove of that opinion."

Q. 8,915. "That to my mind expresses a limited agreement. I thought you might perhaps tells us what the limitation was that you wished to make?" "No, I have nothing to add to that statement."

Q. 8,916. "Do you or do you not fully approve of that statement that 'The perfect character of the vesicle is no guarantee that it will not furnish both vaccine and syphilitic virus?' " "I cannot say more than that I do not disapprove of it."

Q. 8,917. "Do you approve of the statement that 'It is possible for syphilis to be communicated in vaccination from the vaccine vesicle upon a syphilitic person, notwithstanding the operation being performed with the utmost care to prevent the admixture of blood?' " "But the patient must be suffering from the early symptoms of syphilis for that effect to be produced."

Q. 8,918. He says that almost all children with syphilis have not received the infection directly, but they have inherited it. The first eruption of their syphilis would be a dangerous time for taking vaccine lymph from them.

Q. 8,919. He believes it is possible to convey syphilis from an infant subject to hereditary syphilis, though there be no blood in the lymph. When the syphilis is latent it is not infectious in vaccination,* and so far as he knows not after a certain lapse of time.

Q. 8,920. Dr. Cory does not know of any cases on record

* Neither biology, physiology nor pathology affords the least warrant for this statement—as rash a one as ever promulgated by any physician. The history and pathology of vaccination afford many facts tending to the contrary conclusion, and which would be far more consonant with the teachings of the sciences above mentioned than Dr. Cory's bold assertion.

showing syphilis to have been invaccinated from children subjects of hereditary disease without the vaccinifer at the time manifesting definite evidence of syphilis.

Q. 8,921. He says he is familiar with Mr. Hutchinson's well-known series.

Q. 8,922. "Were not there amongst his series cases in which individuals were infected with syphilis by vaccination, the vaccinifer not at the time showing definite evidence of syphilis?" "I was hardly prepared to be questioned upon these points."

Qs. 8,923-4. Has read the description by Prof. Crookshank of the early history of the outbreak at Laforet from which the Lamb's Conduit Street stock is derived—there was more than one outbreak at the time, or shortly afterwards.

Q. 8,925. "Have you formed any opinion as to whether those outbreaks were of true or spurious cow-pox?" "Certainly; the lymph we got from the first outbreak was vaccinia."

Q. 8,926. "Are you aware that Dr. Layet, speaking of these outbreaks, says that the dissimilarity of the eruption of the different cows is certified by Dr. Landeau and Dr. Pujos, who had been there and seen the eruptions. Hence the following conclusion: 'Are there several eruptive maladies of the bovine species which are capable of furnishing true vaccine?' And, again: 'There is anything but agreement about what is called spontaneous cow-pox?'" "I, of course, can only speak of the lymph which we got over to England which I saw, and that lymph was undoubtedly vaccine."

Q. 8,927. "Judged by what?" "From its giving protection from small-pox."

Qs. 8,928-9. As employed upon the nurses at the Highgate Hospital.

Qs. 8,930-1. He is not familiar with Bousquet's work on cow-pox, but admits he is an authority.

Q. 8,932. "Do you know that he says that neither in general nor in the local symptoms, which vary immensely, is there anything definite by which to discriminate the true from the spurious cow-pox?" "Of course, I cannot be answerable for other people's opinions. I form my own from my experience."*

Sir William Savory, Prof. Michael Foster, and the Chairman then put questions to Dr. Cory to lead him to explain away his contradictory and shifty testimony; but the cloud thus attempted to be thrown over his confusion is dissipated by a few searching questions put by Mr. Bradlaugh. It is not therefore worth while to cumber the pages of THE HOMŒOPATHIC PHYSICIAN with them, unless it were for the purpose of making clear the prejudiced and partial character of the tribunal by whom the investigation was being conducted. It will be sufficient, for this purpose to refer the student of the subject, *or of human nature*, to Qs. 8,934-8,948.

Q. 8,949 (To Dr. Bristowe). It was from a passage Dr. Cory saw in one of the reports of the Cattle Plague Commission that Dr. Cory formed his opinion that inoculation of cattle plague upon a human being might produce local results like those of cow-pox.

Qs. 8,960-2 (To Mr. Bradlaugh). Doctors might disagree as to whether a child born of parents who had had syphilis was a proper vaccinifer; but if it did not present any symptoms of syphilis at the time he would regard the child as quite safe.

Qs. 8,963-4. It is quite possible that a child might not present any symptoms of syphilis at the time the lymph was

* In the twelfth annual report of the Local Government Board, 1883, page 49, we find it stated: "It is conclusively proved by Dr. Cory's experiments that it is possible for syphilis to be communicated in vaccination from a vaccine vesicle on a syphilitic person notwithstanding that the operation be performed with the utmost care to avoid the admixture with blood."

taken from him, and yet within six months might exhibit serious symptoms of syphilis and die from syphilis.

Q. 8,965. He thinks that a child who was so affected by hereditary syphilis as to die within the first year from syphilis could be safely used as a vaccinifer, because it was apparently healthy at the time.

Qs. 8,969-70. At Q. 5,089 of the testimony taken before the Select Committee in 1871 Mr. Hutchinson was asked, "Have you any security whatever that the child from whom you take the lymph may not be suffering from syphilis?" to which he replied: "I believe that there are cases of latent syphilis which cannot be detected by any medical man unless he examines into the history of the child as well as its appearance." Dr. Cory agrees with that.

Q. 8,972. "Would you kindly read the next question and answer?" (Q.) "Then, notwithstanding any amount of skill or care on the part of the practitioner, he may, if he touches blood, communicate syphilis, may he not?" (A.) "I am obliged to say that I believe he may, but I believe it would be exceedingly infrequent."

Q. 8,973. Dr. Cory does not agree in that, because (Q. 8,974) he believes that when the symptoms of syphilis are latent it is not inoculable in vaccination.*

Q. 8,975 (Dr. Collins). "Would you say in reference to plate 17 in Prof. Crookshank's book, *The History and Pathology of Vaccination*, that that which is described as 'casual cow-pox' is incorrectly named, as far as you can judge from the appearances there represented?" "I should not like to say."

Q. 8,977. "Are the appearances there represented similar to those which result from the inoculation of true cow-pox

* W. Hutchinson, in his *Archives of Surgery*, for October, 1890, says: "It is absurd to assert that inherited syphilis is always to be detected, and it is cruel injustice to imply that all accidents have been the result of carelessness."

on a milker's hands?" "I have never seen true cow-pox on a milker's hands from the casual disease of the cow."

We have at last done with the testimony of Dr. Cory. I regret to have had to give such copious extracts from it, but had I done less, or had I attempted to present a picture of that testimony otherwise than in his own words, I should either have failed altogether in giving the slightest idea of its character, or else would have invited from the enraged adherents of vaccination flat denials and accusations of wilful misrepresentation.

The next witness was Dr. Charles Creighton.

REPERTORY OF THE BACK.

E. H. WILSEY, M. D., PARKERSBURG, W. VA.

(Continued from April, page 158.)

SPINE.

- Abdomen**, cutting pains, extending in a circle from spine to abdomen, | Aco.
- stitches from spine through upper abdomen to pit of stomach, Thuja.
- violent stitches in spine and in abdomen immediately after supper, Zinc.
- Abscess** of spine, | Sul., | Sil., | Phos-ac., | Hepar., Asaf., Bell., Mez., Iod.
- cold, Sil., Sul., Calc-a., Calc-ph., Calc-iod., Iod., Nat-m., Phos.
- near lumbar vertebra, | Calc-ph.
- Aching** in spine, | Carbo-v., Lyss., Agar., Merc., Kobalt.
- constant in centre of spine, | Sil.
- pain from lower part of spine upward, with stiffness, worse in damp weather, | Nux-m.
- in spine, with sore throat on right side, Lyss.
- periosteal aching down spine, Merc.

SPINE.

Aching, back aching the whole length of spine, Lac-acid.

- pain in small of back or spine, worse on sitting, better when rising and walking or lying down, Kobalt.
- severe down spine, worse from friction, passing off after rising in morning, Lyc-vir.
- along spine, with burning in hips and scapula, | Carbo-v.
- soreness in all the vertebræ; worse by motion and by pressure on spinous processes, | Chel.
- along spine, especially between scapula and in lumbar region, with weakness across loins, Arum-dracont.
- in spine, as if it were too weak to support back when bending, Agari.
- and burning in lumbar spine, | Helon.
- violently, long-lasting about post-lumbar vertebra, | Zinc.
- in lower part of spine, Ol-jec. (sharp, heavy aching).
- along last dorsal vertebra, Asaf, | Ascl-s.
- along first lumbar vertebra, Asaf.

Affections of spine, || Zinc., || Formica-r., | Alumin., | Dolich.,
 || Ign., | Mez., | Sabad., | Sil., Apis., Kali-br., | Dulc., | Ars.,
 | Aur-m., | Pic-ac., | Phos., | Iod.

- with diminished sexual desire, | China.
- from sexual excesses, || Nux-v.
- with melancholy, after disappointed love, || Ign.
- cannot raise herself or cannot bear to be raised up in bed on account of severe pain, | Lach.
- rheumatic, | Dulc.
- with gressus gallinaceus, | Ars., | Aur-m.
- from inflammation of vertebræ, | Phos.
- with anæsthesia or hyperæsthesia, Plumb.
- involving medulla oblongata, | Hydr-ac.
- mercurial cases, limbs feel as if shortened, and pains darting, like electric shocks, Mez.
- in paralysis, | Ars.
- after getting wet, | Rhus.
- due to torticollis, | Nux-v.

SPINE.

Affections with priapism, | Pic-ac.

— with gressus vaccinus, | Iod., Sec.

Air, least draft of air is felt down spine, Sumb.

— a sense of warm air streaming up back into head, | Ars.

Alcoholism, progressive locomotor ataxia from alcoholism,
| Nux-v.

Anemia of spine, resulting from sexual excesses, with palpitation, impotency, and pain in vertex, Phos-ac.

— in those given to sexual excesses, | Phos.

— with early morning diarrhœa, | Phos.

— of spine, Nat-phos.

— in those who use sewing-machines or are much confined to the house, | Nux-v.

— and constipated bowels, | Nux-v.

— from exhausting diseases, | Kali-ph.

Aphasia, with spinal congestion, | Gels.

Ataxia, locomotor ataxia, | Gels., | Phos.

— progressive locomotor ataxia, | Nux-v. (from alcoholism).

— early stage of locomotor ataxia, Stram.

Band, a purple discolored band, two inches wide, along each side of vertebral column, Chloralum.

— in disease of spinal cord, sensation of a band around body, feeling of a plug in spine, so that any motion of body causes a pain as if the plug was sticking still further into body, a paralyzed feeling of knees, patient is scarcely able to walk, feeling as if knees were bandaged, Anac.

Beaten, as if beaten and lame in spine, | Ruta. (like lumbago).

Bent, stiffness of back, spine becomes bent, | Carbo-v.

Belching, a large portion of spine so sensitive to touch that she cried out, turned pale, and was seized with nausea, belching, and retching, | Atro-sul.

Bending, spine pains on bending backward, Calc-c.

Biting, and burning in a small place on spine, Agar.

Bifida, spina bifida, Arn., Ars., Asaf., Bell., Bar-c., | Calc-ph., Calend., Can-s., Carbo-v., Dulc., Eup-perf., Graph., Hepar,

SPINE.

Lach., Lyc., Merc., Mez., Nitr-ac., Phos., | Psor., Ruta.,
| Sil., Staph., Sul.

Bifida, spina bifida of new born, | Calc-c., | Calc-ph.

Blowing, feeling as if some one were blowing on spine, Tabac.

Boring in spinous processes, Brom.

— sticking in region of spine just below shoulders, Hell.

— burning and sticking in spinal cord, then boring and sticking between scapula, better from motion, Mag-m.

Break, sensation as if spine would break with anterior convexity, Kalmia.

— pain in spine, as if it would break, Coccul.

Breathing, sticking in right of scapula in morning on breathing deeply, Nat-phos.

— sticking in middle of spine on breathing, Dulc.

Broken, tired when walking, so that the lower part of the spine feels broken, Sepia.

— spine feels as if broken when lying on back ; in evening when lying on side, Cina.

Bruised feeling in spine, Sabad., Spig.

— pain in spine at night, Mag-m.

— pain at top of spine, Plant.

— pain in spine, Ratan.

— pain toward morning, better by rising and by motion, Ratan.

— drawing in spine, frequently taking away breath, Ruta.

— pain above left hip, close to spine, Dulc.

— severe pain in whole spinal column in morning on waking, while lying on his back, Mag-m.

— feeling in spine, severe during rest, Spig.

— pain in spinal muscles, Sul.

— pain in spine when walking, then drawing pressure, as if bruised ; better from pressure, Ver-a.

— feeling in lumbar spine, Rhus-t., | Ruta, Hepar.

— feeling in dorsal spine, Arn.

— feeling in cervical spine, Arn.

Bruises, ill effects of bruises and shocks to spine, | Con.

SPINE.

Burning in spine, | Agar., Acon., Bell., | Phos., | Ars., Plumb.,
Ver-a., | Helon., Zinc., | Lyco., Sep.

— along spine, Ver-a.

— pain in spine, | Phos.

— tearing between spine and scapula, Zinc.

— along whole spine, worse on sitting, | Zinc.

— tearing on right side by spine, above sacrum, | Kali-c.

— pain in dorsal spine, Copaiva.

— constant pain in spine, sometimes worse in lumbar region,
with great heat and burning, | Kalmia.

— in spine four inches above small of back, Lachn.

— in spots along spine, | Phos.

— along spine, and very great weakness of legs and back, with
soreness of muscles and joints, worse from study, | Pic-ac.

— numbness of feet and hands and other parts of body, burning
and twingeing sensation referable to spinal column, Physos.

— erosion on the uppermost spinal vertebra, Nat-m.

— superficial burning pains about the dorsal spine, with sudden
jerking pains in left ear and cold feeling in small spot in
meatus, Chrom-ac.

— pain in spine between shoulders, sore to touch and burning,
Ars-m.

— drawing and throbbing pain in spine, Bell.

— pains deep in spine, with violent shooting, | Agar.

— biting in a small place on spine, Agar.

— glow in cerebellum and down spine, Med.

— from spine to head, pain and aching, | Gels.

— up whole spine when lying, | Lyc.

— in spine with myelitis, | Phos.

— in spine with numbness of feet and hands, | Calab.

— along spine with palpitation, | Nat-c.

Buzzing in spine, Secale.

Carbuncle, small on spine, | Caustic.

Chest, sharp sudden stitches beside the spine, darting forward
through the chest into cartilages of left ribs in evening, Mez.

SPINE.

Chest, pain down entire spine, after constriction in chest, shivering downward, | Glon.

— stabbing from third cervical to fifth dorsal vertebræ, striking forward through chest to sternum, worse on motion; inability to straighten spine after stooping, | Kali-b.

— rigidity of spinal column in periodic attacks, accompanied by pains through whole chest, Cepa.

— pain on either side of dorsal spine while sitting, similar to that felt in chest, where it is said "the food has lodged," between scapula and lumbar region, | Cobalt.

— a slight touch along spine provokes spasmodic pains in chest and indescribable distress in cardiac region, at times heart feels as if twisted, Tarantula.

Chills, creeping in spine, Ox-ac.

— creeping along spine, intermingled with hot flashes between shoulder-blades, up back to nape, Polyp.

— and shuddering along spine, during and after menses, | Nit-ac.

— rigors after a fit of passion, | Hyos.

Chilliness down back in spinal region during wet weather, Pic-ac.

— in spine with dull pain in lower cervical and upper dorsal vertebræ, | Dulc.

— creeping up spine, | Gels.

— of spine with sick headache every month, Polyp.

Coition, drawing in spine after coition, Nit-ac.

Coldness in spine, | Hyos., Ruta.

— in spine, as if cold air were spreading over it, like aura epileptica, Agar.

— in dorsal spine, with shaking, Menyanth.

— in spine during burning and itching of skin, | Mez.

— icy coldness through whole length of spine, Thuja.

— downward in spine and through entire abdomen, with nausea and vomiting, | Crot-t.

Concussion, consequences of spinal concussion, || Hyper.

SPINE.

Concussion, spine is painful from comfortably driving in a carriage, as from a concussion, Petrol.

Congestion of spine, Absin., | Art-v., Crotal., | Gels.

— in brain and spine, Ver-v.

— state of paralysis of spinal cord, with tetanic spasms, || Physos.

— pains in neck, like those of cerebro-spinal congestion, || Gels.

— of spinal cord and cerebellum, | Gels.

— spinal congestion, with incipient aphasia, | Gels.

— softening of spinal cord, congestion or irritation, spinal meningitis, myelitis, or spinal paralysis, Crotal.

— can be used in so-called congestion of spinal cord, Sul.

— worse at base of brain, with throbbing headache, | Pic-ac.

Constriction, spasmodic, through whole length of spine, especially on motion, Coccul.

Contractive sensation in spine, Cham.

— sensation in spine, with vertigo, Sarrac.

Convulsions, with jerking of muscles in spinal meningitis, | Hyos

Cough, dry, hacking, after a fall on back, | Hyperi.

— if spine affected in seventh cervical region, he felt depression and paralyzed sensation of forearms and hands, with compression of manubrium sterni, difficulty in swallowing and shrill, paroxysmal cough, Tabac.

— gnawing in spine, with cough, || Bell.

Cracking in spine, Coccul.

— in cervical region on moving head, | Nat-c., Niccol.

— along spine when moving body, Agar.

— noise in vertebræ, Agnus-c.

— in spine on bending head backward, with stiffness of neck, | Sul.

Cramps in spinal muscles, | Helleb.

Crawling in spine, as from beetles, || Aco.

— sensation of ants crawling along spine, Agar.

Crawls in spine, | Sal-ac.

— commence at back of neck, moving slowly down, | Lach.

SPINE.

Curvature of spine, || Calc-c., | Calc-ph., | Carbo-v., | Bell.,
| Fer-iod., | Rhus, || Sil., || Sul., Syph., | Hepar, | Phos.,
| Kali-c.

— of spine, occurring after suppression of scabies by ointments,
| Sul.

— caries of cervical spine, with great curvature in same region,
Syph. (worse at night).

— of spine after vaccination, || Thuja.

— of upper part of spine, Puls.

— of spine, with open fontanelles in children, | Puls.

— of dorsal vertebra, | Rhus.

— softening of spine, with curvature, || Merc., || Sul.

— spinal curvature to the right, painful to touch and on motion,
| Sil.

— pain in curved spine, || Sil.

— Pott's disease, with curvature, abscesses, emaciation, night
sweats, etc., | Sil.

— of spine in a two-year-old child, lasting several weeks, Lyc.

— of spine laterally, | Calc-c., | Merc-c.

— of spine to left, lumbar vertebra bent forward, | Calc-phos.

— of spine in hip disease, | Kali-c.

— of spine in lumbar region, | Bell.

— of spine in lumbo-dorsal region, | Sul.

— of spine, strongly bent to right, | Sul.

— of spine between shoulders, | Hepar.

— of spine when standing, anteriorly in lumbar region, much
diminished in a prone position, | Phos.

Cutting, from spine to stomach pit, Thuja.

— stitches at ends of right ribs near spine, worse on curving
back, Arg-m.

— pain in a circle from spine to abdomen, | Aco.

— pain in lowest region of dorsal spine, | Ascl-s.

— pain in spine, worse on inhalation and moving body, Aug.

— in lumbar spine, worse during stool, Rheum.

Damp, distressing sensation of damp clothes on spine, || Tuberc.

SPINE.

Darting, like shocks of electricity in mercurial cases (diseases of spine), Mez.

— up spine on stooping, | Sil.

Debility, great of spine after typhoid fever, Selen.

Deglutition, pressure in spine during deglutition, Kali-c.

Dislocated feeling in middle of spine, worse by sudden bending to the right, Thuja.

— as if dislocated, painful in cervical vertebra, when lifting arm, | Ang.

Down, sore pain down cervical vertebra, | Ham.

— pain down entire spine, after constriction in chest, shiverings downward, | Glon.

— pricking up and down spine, Jug-cin.

— pain down spine, Physos., | Coccul.

— numb tired pains up and down spine and in head, | Curare.

Drawing, tearing down spine, | Cina.

— pain at nape of neck and each side of spine and pains in small of back, as if bruised, | China.

— down right side of spine from axilla to lowest ribs, with tearing, Guaic.

— along spine and in calves, with weakness in feet, Thuja.

— pain in spine when walking, then drawing pressure as if bruised, better from pressure, Ver-a.

— painful near spine to left, downward from shoulder blade, Bad.

— pressure between right scapula and spinal column, Bell.

— burning and throbbing pain in spine, Bell.

— pain extending from spine into hip joints, Mosch.

— and tension in spine, | Nat-m.

— bruised pain in spine frequently taking away breath, Ruta.

— pain in middle of spine, with drawing pains opposite to it on back part of stomach, | Stram.

— slight pain along spine in P. M., changes to a seated, dull tearing in joints of legs, worse by walking, Stront.

— in spine extending upward on stooping, Sul.

SPINE.

Drawing in spine after coition, Nit-a.

— head drawn to one side owing to spinal disease, | Nux-v.

— and tearing in and near spine, | Cap.

— downward and pain in spinal cord, worse by stooping or bending, Daphne.

— pain in seventh cervical vertebra after a walk, with drawing in nape, Curare.

— in spine like a painful weakness while sitting and stooping, Zinc.

Dropsy of spine, | Lyss.

Dyspnœa, caused by pressure upon upper three dorsal vertebræ, | Chin-s.

— pressing stitches along spine, mostly in sacrum with dyspnœa, Tarax.

Electric, frequent stitch like electric shocks in a zigzag course along spine from lumbar to scapular region, Euonymus.

Erect, pain across shoulders and spine, must stoop, cannot walk erect, | Can-ind.

Erosion, burning on the uppermost vertebra, Nat-m.

Eructation, abortive, with pressure in middle of spine, Zinc.

Eruption, petechiæ, in cerebro-spinal disease, | Ver-v.

— several groups of pustules near spine, having a hemorrhagic appearance, spreads from one group to another till it reaches axillary line, | Lach.

— large greenish spots at base of spine, Chloral.

— variola-like pustules, painful and suppurating on spine, | Sil.

Exhaustion of spine, following acute diseases, | Pic-ac.

Exudation of spine, Arn.

Fall, great pain in spine after a fall from a hammock, growing daily more severe, | Hyper.

— dorsal spine feels as if it would fall in after sitting a while, Bar-c.

Faint feeling and nausea caused when standing by tired pain in lower part of spine, Sepia.

Formication in spine, || Acon., Agar.

SPINE.

Formication and numbness along spine into extremities, |

Nux-v.

— as from going to sleep in the spine, Con.

— along the spine, | Ars. (in sexual excess).

— in lower half of spine, | Phos.

Gnawing in spine, || Bell. (with cough).

— with sticking in middle of spine, Helleb.

— in spinal cord extending up to neck, evening after lying down, preventing sleep, and causing constant tossing about, Mag-m.

Gressus gallinaceus with diseased spine, | Ign., | Aur-mur., | Ars.

— vaccinus with spinal complaint, | Iod., | Calc-c., Secale.

Heat in spine, Hyos.

— in cervical spine to occiput, Nitr-sp-d.

— in medulla and spine for a whole week, | Med.

— in lower part of spine, | Pic-ac.

— second and third lumbar vertebræ sensitive to pressure of hot sponge, | Agar.

— progressive spinal paralysis with partial contraction of affected muscles, anæsthesia and increased heat, | Phos.

— and redness down spine, Ver-v.

— warm air streaming up back into head, | Ars.

— in spine, follows sensation as if she were going to faint, Med.

— rising of warmth along spine, | Lyco.

— sensation of heat in spine, Plumb.

— in spine for a week, | Med.

Heaviness in spine, | Phos. (Heavy pain in lower spine, Ol-jec.)

— in lumbar vertebra, Ammoniac.

Hyperæmia of spinal cord, | Dulc.

Hyperæsthesia and great sensitiveness of spine from sixth cervical vertebra to small of back, slightest touch intolerable, | Cup.

— of spinal cord or reflex irritation, | Diosc.

Hypogastrium, pain in hypogastrium, extending into spine, Iod.

SPINE.

- Hysterical**, feeling of lightness in body from spinal exhaustion in onanists and hysterical subjects, | Gels.
- Inflammation** of spinal cord, | Calc-c., | Phos.
- Injuries** to spine, | Arn., | Hyper., Ruta., || Con., Sil.
- Injury**, in nervous affection following injury to spine, chronic neuritis, particularly when pressure upon spine causes pain in remote parts, especially head, Sil.
- Irritation** of spine, | Chin-s., Coca., | Coccul., Crotal., | Cup-m., | Hepar, | Naja., | Nat-m., | Nux-v., | Ol-jec., | Phos., | Phos-ac., | Phyto., | Puls., | Ran-b., | Rhus., | Sec., | Therid., | Zinc., || Sil., | Tarent.
- of spine and sensitiveness between vertebræ, | Nat-m.
 - of spine with sudden loss of power in legs in the morning, | Nux-v.
 - of spine, hands and feet go to sleep easily, | Nux-v.
 - of spine, due to sexual excesses or masturbation, | Puls.
 - pain depending on spinal irritation, | Ran-b.
 - every nerve of spinal origin is irritated by this drug, | Physos.
 - of spine, great sensitiveness between vertebræ, sits sideways in chair to avoid pressure against spine, | Therid.
 - of spine in beginning of typhoid, Valer.
 - of spine with paralytic symptoms, || Sil.
 - of spine with amaurosis first right then left eye, | China.
 - of spine in painful affections, | Atrop-s.
 - of spine, causes cardiac neurosis, | Kali-br.
 - of spine, causes cephalagia, | Sil.
 - of spine, causes hysteria, | Kali-br., | Therid.
 - of spine, with chronic leucorrhœa, Ziz.
 - of spine, with desire to lie down, | Nux-v.
 - lower part of spine, paralytic incontinence of urine from spinal irritation, || Nux-v.
 - could not bear the least noise, jar of foot on floor worse, must cry out, | Therid.
 - affecting muscles, causing cough, even spasmodic stricture of œsophagus, | Naja.

SPINE.

Irritation of spine causes nymphomania, | Sil.

— pressure of finger between vertebræ causes patient to wince,
| Calab.

— of spine, causes prosopalgia, | Ign.

— of spine, with prostration, | Zinc.

— of spine, with dilatation of pupils, | Nux-v.

— of spine of reflex origin, | Diosc.

— of spine, rheumatic, | Bar-c., Caust.

— of spine, with itching in uterus, | Plat.

— of spine, caused by getting wet, | Rhus-t.

Jerking in middle of spine, | Cina.

— stitching in middle of spine on walking in open air, better
when standing, jerking in sacrum and at same time above
ankle, Calc-ac.

— convulsions, with jerking of muscles in spinal meningitis,
| Hyos.

— superficial burning pains about the dorsal spine, with sudden
jerking pains in left ear and cold feeling in a small spot in
meatus, Chromic-ac.

— jerk-like above right hip, near spine, Dulc.

— small violent jerking, sticking in middle of spine, Phos-ac.

— pain in spine partly jerking and partly drawing, becoming
firmly seated, worse on upper part of thighs and so imped-
ing walking, Mosch.

Jerks along left side of spine in region of ninth rib, Formica-r.

Knotted cords from right mammae to spine, | Asterias.

Lame, pain in spine as if lame, Ruta.

Lancinating, in upper part of spinal column toward right scap-
ula, Cina.

— from lower dorsal vertebra through chest, arresting breath-
ing, Berb.

Lie, peculiar and great weakness on both sides of the spine, she
could not lie on back, Apis.

THE ORGANON AND MATERIA MEDICA CLUB OF THE BAY CITIES OF CALIFORNIA.

Meeting called to order September 17, 1897, at 8.20 P. M.
by the President, Dr. Selfridge.

Present—Drs. J. M. Selfridge, G. H. and E. F. Martin,
Augur, J. W. and F. N. Ward, Holmgren, and Manning.

The minutes of the previous meeting read and accepted.

Dr. Manning read a paper upon "The First Caution of Hahnemann," which dealt with the words of the leader, in which he (Hahnemann) cautions his followers against interfering with the good results of a drug by replacing it with some other remedy to meet the fleeting symptoms:

"If you have chosen the remedy carefully and with study you are not to be alarmed by other symptoms. On closer questioning it may be determined that these symptoms were previously felt, and it may be considered that the remedy in its beneficial effects has set up these symptoms; or if they have never been present, and now continue to increase in severity, the supposition then is that a wrong remedy has been selected. Its action then is to be antidoted and a new remedy selected. Or there may be an aggravation of the prevailing symptoms which, if they soon decrease or disappear, is to be considered as due to a homœopathic aggravation, and no change should be made; but if increasing in severity then it is to be considered as a drug effect, and the dose is too large. The medicine is then to be stopped, and when necessary to continue is to be given in a higher attenuation."

DISCUSSION.

Dr. Manning—These are the thoughts of Hahnemann and to some extent his words, and while I believe in his theories, and do not attempt to criticise them, yet I find it hard to hold

myself to them, nor have I done so. So much depends upon one's early training.

While at college we received practically no teaching or insight into *The Organon*. What, then, can you expect? Then in the giving of high attenuations and the infrequent dosing one should feel confident of his materia medica. I think one should report here his difficulties and failures as well as all successful cases. Now, I also have trouble in the selection of my remedy. If I make special endeavors, using checking list and repertory, it seems to me that in nine cases out of ten I arrive at Sulphur. Now I am aware that Sulphur is a great remedy, and so many of our chronic diseases are due to psora, and Sulphur is our great antipsoric, it may be all right, but I'd like a change once in a while and I would feel better. Now the question arises, do I fail to take my case right, or is proper significance given to the weighty symptoms?

Dr. Selfridge—The doctor has probably made his mistakes through improper education at college. He was not started right. The greatest thing is to examine the patient properly, and Hahnemann's method cannot be improved upon. Then comes the choice of remedy. We gain nothing by alternation. Choose the single remedy. Then if you fail you know why. I am guided in the repetition of the dose by the rapidity of the disease. In pleurisy, pneumonia, etc.—dangerous diseases, exhausting the system in a few days—it is necessary to repeat. In chronic diseases all are apt to give too often. Take scrofula, tumors, and such long lasting diseases; my plan is not to give oftener than thirty days. A very important part is to take the case properly. We get two, three or four symptoms and think that's enough. Obtain particularly the mental symptoms.

Dr. Martin—I do not think there are many real true homœopathic prescriptions given where we have to prescribe in the office or on the spur of the moment, because that is a

very difficult thing to do, and the reason of many of our cures is the fact that the remedy comes near many of the symptoms. It is not possible to get every symptom of every case. If we get the main symptoms then we can get near the remedy. Then if we go farther we are apt to get a keynote that will at once give us the correct remedy. In chronic cases there is the trouble of giving doses too often. I believe that an intense disease requires more frequent medicine. My plan is to give frequently until I see some improvement or change; then lessen frequency.

Dr. Augur—I was started in the right way, and try to give according to Hahnemann's doctrines.

Dr. Manning—Would like to ask Dr. Selfridge if he always takes the family history, and if so how much he is governed by it in prescribing?

Dr. Selfridge—I always give a nosode at some time during treatment if family history shows need.

Dr. Martin—Would not Tuberculin be indicated in every case of consumption; Syphilinum in every case of syphilis, and so on?

Dr. Selfridge—I think I would choose them as my first remedies, unless other remedies were especially indicated.

Dr. Martin—Because Tuberculin is prepared from tuberculous product is where isopathy falls through, and why we can't cure every case with Tuberculinum, Syphilinum, etc. Here is the point: Give half a dozen people Tuberculin and different symptoms will develop, due to different constitutions.

Dr. F. N. Ward—In the homœopathic production what is taken, tubercles, bacilli, ptomaines, or what?

Dr. Selfridge—In Swan's Tuberculinum-album I infer that it is taken from the crude tubercle of the diseased lung, but it may be from sputum.

Dr. F. N. Ward—Modern investigation shows that symp-

toms vary according to whether the Tuberculin is derived from tubercle bacilli or ptomaines.

Discussion was then closed, and Dr. Manning appointed essayist for the next meeting.

Adjourned on motion.

GUY E. MANNING.

Secretary.

HAHNEMANN'S CAUTIONS.

GUY E. MANNING, M. D., SAN FRANCISCO, CAL.

The Words of a Novice as Representing the Thoughts of a Master.

And now abideth sycosis, syphilis, and psora, these three; but the greatest of these is psora.

These words, slightly altered as they are from the original, might close Hahnemann's powerful argument upon chronic diseases, just as the original words ended a forcible sermon of St. Paul upon charity.

We have had demonstrated that all chronic conditions especially are due to one of three causes—sycosis, syphilis or psora, and that the last is responsible for the greatest and most extended diseases. The only cure for these conditions are homœopathic remedies, rightly chosen, rightly given, and for the "greatest of these" we must rely particularly upon antipsoric remedies—*i. e.*, "those remedies which in their provings produce symptoms corresponding to those developing from psora."

We have been taught how to select a remedy homœopathically, and have seen that we must not be influenced by the name of the disease in preference to its manifestations. We have already received our warnings concerning these matters, and yet, Hahnemann knowing so well how easy it would be to be influenced by other conditions, cannot leave the subject without further caution.

Hahnemann must truly have been inspired; he must have had the power of foreseeing events; a sixth sense must have been his. Therefore, he could see where flaws might be picked in his doctrines; knowing where his followers might stumble or hesitate; never doubting for a moment the law of *Similia similibus curantur*, never faltering in his doctrine of chronic diseases, never looking backward after putting his hand to the plow, yet he could foresee for us those points in which his followers might be assailed, where we might falter before the enemy. Who of us but needs these cautions? Who of us, no matter how good a homœopath, but requires them before him? And we have them here from the master hand—the fountain head. Let them act as sign-boards, as guide-posts, placed every few miles upon our journey's way, to keep us in the straight and narrow road, and let them be written, not in fine, uncertain type, but in letters bold and large, so that he who runs may read, and let us not become so familiar with these sign-boards that we may hurry by them without reading each and every one of them.

Let them be our commandments engraved upon our hearts to guide us in our daily prescribing.

Commandment I.—Thou must not become anxious over each new or unreliable symptom, but thou must permit a properly chosen remedy to exhaust its action without addition or change.

Commandment II.—Thou shalt select the remedy carefully, considering mind, body, and soul, choosing that remedy which covers in similarity the symptoms.

Commandment III.—Thou shalt not too hastily renew the remedy.

These are the three commandments as I would derive them from the cautions, though in their natural order I would make the second number one, and follow it with the first and third.

Our patient has been closely questioned, symptoms ob-

tained, arranged, the case studied, the similia decided upon, the antipsoric given, but now what? Is that all? No! we need further advice as to our future treatment. Our patient is not so well. So far we have acted correctly and wisely, but to-morrow, or next day, or even later, a diarrhœa develops, or on awakening he finds a soreness of the throat, or perhaps a headache annoys him. Are we then to leave our antipsoric remedy which we arrived at after so much study and which has been given properly? No, indeed; stick to your remedy, and this forms your first caution, viz.: Do not ordinarily interfere with the action of the remedy by introducing a new drug action for fleeting symptoms. Why not meet these conditions if such exist? Why not ease these, or remedy those, and then return to our original systematic antipsoric?

Because these symptoms are probably an excitation produced by the remedy itself, and on further questioning you will discover that these same things have been going on for some time at periods more or less remote, and their return proves the effectiveness of the remedy in its getting to the seat of the trouble. Let it alone then to continue its action free and untrammelled; to correct not only the present symptoms, but also those of the past.

But if on investigation these symptoms have never occurred, they are present for the first time, then they are peculiar to the medicine and not to the disease. Now these will probably prove trifling, will disappear very shortly, and the good results of the drug continue. But if they do not disappear, becoming more intense in character, then comes the exception to the caution, and our conclusion must be that we have not selected the proper homœopathic remedy. Its action must then be stopped, which we can do by antidote to destroy these symptoms, or if no known antidote, then by some other antipsoric remedy to meet these conditions more accurately.

Again, you may find what may be called a homœopathic aggravation," *i. e.*, an increase in the severity of the most prominent symptoms. This, if becoming less in severity later on, denotes a cure and a proper selected remedy; but if it continues with same strength, or even increased severity, then you may be sure that your dose of medicine was too large, and you are having a drug disease which will be similar to the disease itself, or as expressed by Hahnemann himself, "The medicine in its present intensity unfolds also all its other symptoms which annul the similarity; it produces a dissimilar chronic disease instead of the former, and, indeed, a more severe and troublesome one, without extinguishing the old original one." Like the man in the Scriptures, the last state of this man is worse than the first, for now he has two devils instead of one—the chronic psora itself, plus the drug disease.

Whether the dose is too large, or whether the drug effects are going to be produced, should be evident within three weeks, and if so, then antidotal measures or other antipsoric medicines must be supplied, remembering at the same time something of the susceptibility of the patient to the last medicine. But because the drug produced its effects upon the person on account of the largeness of the dose do not argue that you must make a change in the medicine, nor that it cannot be given again. If you are confident it is the proper similia, then most certainly give it again, but in a higher attenuation, or in speaking of it as far as the amount of medicine is concerned, in a smaller dose.

Hahnemann in this place says nothing concerning any particular dilution. He is more particular to impress upon us the caution against changing the remedy, allowing it otherwise to act without change or interference, but he does not state "that nothing is lost if the dose is given even smaller than I have prescribed. It can hardly be given too small, if only everything in the diet and the remaining mode

of life of the patient which would obstruct or counteract the action of the medicine is avoided." He also favors a small dose, from the fact that if at any time a wrong choice in the remedy has been made it can be more easily counteracted.

Thus ends the first caution, a warning against changing the remedy for each developing symptom, which would thus give no drug an opportunity to act and produce a constant dosing, antidoting and re-dosing. This is undoubtedly a cause of many of our failures, and the caution is well deserved. This we may term a caution against changeability. Remember this caution number one, ye followers of Hahnemann, when in your prescribing you are inclined to see-saw, as it were, or like a butterfly, flit from one flower to another without the full extract of any! If you have found the right antipsoric remedy you *may* have the development of some previous psoric symptoms, you *may* have an increase in the severity of the symptoms, or you *may* have the drug effect, but that does not prove you have selected the wrong remedy.

The first two conditions, if they do not increase in frequency or severity, rather prove the correct choice of your remedy. If they should increase it means a waste of time and a necessity for antidotal measures, or the selection of a new remedy. The third condition argues too much of a good thing. Your remedy is correct, rightly chosen, but wrongly given, and your dose must be decreased. In fact, it is a question with me if the whole caution is not intended especially as a warning against too large doses, for Hahnemann in closing the article says: "The physician can, indeed, make no worse mistake than first to consider as too small the doses which I (forced by experience) have reduced after manifold trials, and which are indicated by every antipsoric remedy; secondly, the wrong choice of a remedy, and thirdly, the hastiness which does not allow each dose to act its full time."

Now to the second caution, which might be termed a cau-

tion against laziness and carelessness. These two sins, for sins they are, and sins they easily become if not early curbed or throttled, should be furthest from a physician's makeup, and should be especially wanting in a homœopath. Our prescribing is such that we can ill afford to permit such a plant to obtain a foothold.

With us each case is a law to itself. There is no royal road to our prescribing, no lightning express to travel it; it is slow plodding, often a laborious journey. Each time we travel over it the trees must be felled, the rocks scattered, the way cleared. In obtaining the symptoms, in arriving at a true understanding, in delving into the past history, in searching out the family record, in classifying the points according to their prominence, in fitting the remedy to the symptoms, one case is no more like another than I am like my fellow-man. My hair may be of the same auburn shade, my mouth be fully as large, my nose follow the same Grecian curve, but my disposition, qualities, virtues, manners be as different as night and day. So with our patients in searching for their similia. Both cases may have pneumonia of same lung, in exactly the same spot, with equal severity, but time, restlessness, aggravations, ameliorations and disposition will make, as you well know, all the difference imaginable in your choice of remedy. In fact, we might have things so evenly balanced in regard to their symptoms till a mental condition, for instance, proves the hair whose weight sends the scale up with a bound. Thus I wish to impress upon you the carefulness necessary in obtaining symptoms.

How is it with the other side? With them pneumonia is pneumonia, be it right or left; pleurisy is pleurisy, whether the pain is better or worse on breathing; bronchitis is still bronchitis, asthma remains asthma, whether worse at night or the contrary condition. And the treatment will be practically the same, Morphine for pain, antipyretics for fever, expectorants for inability to raise discharge, diuretics to in-

crease action of kidneys, laxatives or cathartics to drive the bowels to further action, or an astringent to act as a plug in case of diarrhœa, a stomach tube for indigestion, and so on.

Here comes the easy part in prescribing. Their great difficulty lies in diagnosis, and they will spend more time in determining whether the kidney is wandering aimlessly around the abdominal sea or anchored securely in the harbor designed by Providence; whether the liver is growing north by northwest or due north, or whether the blood contains five thousand red corpuscles or has lost a couple "in the shuffle."

Now I am not decrying against diagnosis, or making light of it. Far from it! For I do not think we can know too much about our patients or the condition of their "innards," and it is a grand thing to be able to give a correct name for each disease, and to separate accurately one from another. But there is a probability of being blinded by such wisdom, or of allowing the glamour of such superior knowledge to overpower the uncertain therapeutics as practiced by them. As far as prescribing is concerned, we are, or should be more interested in the character of the pulse, the changes in the expectoration, the kind of pain, the location thereof, the effect of food, the conditions before and after urination, the color of the water, the character of the evacuations, the menstrual symptoms, the mental conditions, and many other states that might at the time seem entirely foreign to the original condition. And who will deny that after going so thoroughly into every feeling and condition, good or bad, of the patient, supplemented by our physical examination, who will deny that we are not better adapted to make a correct diagnosis than the other?

But I am wandering from the subject. My purpose is to show you how necessary for a homœopath to be exact, tireless, earnest, careful, diligent in his search for the proper remedy. To be such it is necessary to keep one's self spurred up to the point of exactness, earnestness, and love of work,

or else you will find yourself backsliding, guessing at the remedy, becoming satisfied with two or three symptoms.

You probably all remember the famous "Lycopodium case" of Dr. Chapman's, and the answer or excuse that it brought forth from so many of the old school, by which they thought to belittle us, viz., that we had but a single remedy for a disease, and that they would not wish to be tied down to any such single remedy system, or words to that effect. I have often wished that they might be obliged to take a Boëninghausen and a checking list, and go over the long list of 250 remedies, time after time, finding, perhaps, two-thirds of them indicated under each symptom. Methinks then they would return most fervent thanks that they were permitted to combine as many of their remedies as they wished into one grand and glorious whole and obnoxious dose, instead of looking for a simple remedy.

But it is this fine discrimination, this close comparing that necessitates the greatest of patience and the closest of work on our part, and that makes it the grand system it is.

But it is the desire to get rid of this labor that has produced two prominent ills of our day. Hahnemann mentions one "sin," the use of the repertory. These contain "vague hints," he says, and you will probably agree that they are but vague hints. What more can you expect? If the volume is small and compact the contents must be very vague, and if exact and complete, then they are exceedingly cumbersome, and in the end unsatisfactory, on account of their completeness, requiring as much study as a proper search for the remedy might. Take for an example of the first Lippe's *Repertory*, and of the latter Gentry's *Concordance*. Who will deny but that they are both good? The former, as we know by a pure homœopath, an almost perfect materia medicist and prescriber, careful, reliable, and yet it is only a small volume, containing only the most important symptoms. Consider the other. Four or five large volumes, divided and subdivided.

reiterated, minute to the smallest degree, and yet cumbersome and unsatisfactory. Between these two are repertories of the head, of the mouth, of the chest, of the mind, of the abdomen, and each quarter section of it, of the legs and back, concerning expectoration, diarrhœa, etc., consisting of one hundred pages, one volume or ten volumes, till you consider that of making repertories "there is no end." And of what value are they? They have a value if used rightly. If we are employing the "vague hints" contained therein for a good purpose, well and good. If we are using them for a guide to direct our study and our thoughts, to start our researches in the right direction, to keep us on the right track, then they are most valuable assistants. But if we are going to prescribe from them alone, are intending to rely upon them entirely, are going to make of them an aid to laziness, then we are making a wrong use of them, and they prove a sin. They are very strong inducements to laziness, to carelessness. One is inclined to lean too heavily upon the arm of their guide, and in the same way one is apt to content himself with the repertory headings, "vague" hints that they are. These kinds of prescribers are called by Hahnemann "bunglers," because they are continually obliged to change their prescription, depending upon one or two symptoms and vague hints for their choice in remedy, instead of hunting more closely, the ailments in the meantime becoming more and more complicated by drug action, drug effect, and frequent changes. Do you know any "bunglers?" If so, do you know the cure? Let me give it to you as Hahnemann's second commandment: "Thou shalt select thy remedy carefully, considering mind, body, and soul, choosing only that remedy which covers in similarity the symptoms present." This is not conducive to laziness or love of ease, you will acknowledge, but it will be conducive to better prescribing and better results.

I mentioned that there were two causes which had much to do towards laziness and inaccurate prescribing. Do not

understand that there are only two, but they are prominent ones. The second cause is the tablet. This is not a product of Hahnemann's time. It is a modern development in an attempt to improve upon our master, and I am willing to acknowledge that when we try to improve upon him we get further away from Homœopathy.

There need be nothing objectionable about the tablet if it should be made with the same carefulness and cleanliness that all our preparations are supposed to have. But such is not the case. The molds are used again and again; foreign powders are used to dust the molds, and foreign substances added to keep the shape. Does that correspond to Hahnemann's teachings or rules regarding preparation of medicines? But the strongest objection is that it favors polypharmacy, aids it, applies it.

Consider an advertised list of a homœopathic pharmacy to be ordered by numbers, and running thus:

Worms—Cina 2x, Spigelia 3x, Merc-dulc 1x.

Croup—Spongia 1x, Aconite 2x, Iodine 2x.

Diarrhœa—Aloes 3x, Merc-cor. 1x, Opium $\frac{1}{8}$ gr.

Cough—Phos., Ant-tart, Codein.

Rhinitis—Camph., Quinine, Gelsemium.

Neuralgia—Acetanilid 7 parts, Caffine 2 parts, Sod-bicarb. 1 part, and so on by the dozen.

Are they any better than any old school prescription? Is this not polypharmacy with a vengeance? Is this not doing more harm to Homœopathy than all your lectures or papers can do good? And who is at fault? Your prescriber or your pharmacy? Your so-called homœopathic physician, or your so-called homœopathic pharmacy? Strictly your former, for without the demand there would be no supply. Such things must cause the bones of Hahnemann to turn in his grave. Is it any wonder that the old school sneer at us and at our practice, call us hypocrites, or demand that we shall either drop the name or the doctrine?

The third caution is directed against haste. We have already been cautioned against changing the remedy for new symptoms until we found that they were prominent or increasing, but now it becomes necessary to warn us against renewing the remedy for the original symptoms until we are perfectly satisfied that the first dose has done its full work, and this, I believe, is the most needed of the three cautions. Who of us but are guilty of haste in the matter? This haste is perfectly excusable; it is two-sided, being present with patient as well as physician, and it is simply a desire to improve the condition which has been of such long standing, and to hurry up our cure. It is also due to our early education. We cannot find it easy to get out of our minds material things and frequent application. It is difficult for a human mind to easily grasp the thought, or to hold to it after it is grasped, that these bulky frames of ours are made up of atoms which can be acted upon by atoms, or that the effect of these atoms may extend over a continued period, for better or worse.

Our minds are not fine enough to grasp such thoughts, and we continue to pour masses down our throats frequently, because we in our ignorance and in our vanity flatter ourselves that we are large bodies of matter which only sensible matter can affect.

We forget that any sudden thought, for instance, destroys an incomprehensible small amount of brain substance; that the dead matter is taken up by a minute blood corpuscle, too small almost for our mind to imagine, and that it carries it through a whole system of vessels, passing at last into the lungs, where in vessels fine beyond comparison, with walls composed of a single layer of cells, it gives up this matter; the oxygen, in a minute molecule enters the corpuscle, and it goes on its way rejoicing.

Consider the food taken in to nourish the body, acted upon by juices and digestive ferment. It also is absorbed in very

minutest particles through membranes. Our Texas steer has become a molecule of fibrin, a globule of fat, an atom of chyle taken into lymphatics and blood-vessels; atom following atom, molecule following molecule in a rapid chase for that life-giving stream, the blood, to be hurried on to those tissues crying for repair, there to be given up. How? In teaspoonful doses? By the quart or pint? No, in atoms.

This is simply to show that ordinary life is carried on by molecules. Nature acts on the atomic theory. Nature repairs by atoms, she grows by atoms, she nourishes by atoms, she acts through atoms.

But it is with the length of action that we have the most to do at this time.

Experiment has proven, if you are not already aware of the same, that medicine acts for an extended time, that its effects can be determined for several days, that different medicines act for a longer or shorter period than others, but that in none do we have a complete duration in a single day. In fact, it is well known that a single dose of medicine acts for days.

Does Opium, for instance, exhaust its sleep-producing action in a few hours? Will Strychnine fail to produce its nerve action in a day? By no means. It takes days and days for the system to throw off these severe effects. This all in a system free from any morbid influences. How much more sensitive, you are well aware, when influenced or weakened by disease. How much more susceptible to any condition; how much greater the action of the drug.

Consider for a moment how generally, how universally, the system must be affected by a miasm. From infancy, through childhood, youth, adult life, perhaps to middle age or later, this miasm has been within the system, attacking perhaps every portion of the organism, undermining all the parts, breaking out here and there with renewed vigor. Can you expect a remedy to attack such a condition at once; will it

strike at the whole evil instantaneously and each organ delicate and vigorous at the same time?

In fact, Hahnemann, in his experiments, found in chronic diseases that they were long lasting, or rather the more "tedious" the psoric disease, the longer the antipsoric medicines continued their action. He also learned, and we may say discovered the contrary of this rule, that the more acute the disease the shorter the period of action, even those which in the healthy body show a long period of action.

So in this Hahnemann himself sees the necessity for, and does not decry against, the repetition of the same medicine in acute diseases, or when a disease which is chronic rises into an acute case.

This he calls the only allowable exception to the rule, but that there can be exceptions he in his wisdom foresees, and it is then that he lays down the rule that "when the peculiar symptoms of the disease to be treated, after fourteen, ten, and even fewer days, visibly cease to diminish, so that the improvement manifestly has come to a stop, without any disturbance of the mind, and without the appearance of any new and troublesome symptoms, so that the former medicine would still be perfectly homœopathically suitable, only then, I say, is it useful, and probably necessary to give a dose of the same medicine of a similarly small amount, but most safely in a different degree of dynamic potency."

He is inclined to limit those antipsoric drugs capable of immediate repetition to Hepar, Sulph., and in some cases Sep., considering it rather better practice, and usually necessary in chronic diseases, to change to another antipsoric.

We are speaking at this time particularly of chronic diseases. We give a medicine which we find upon thought or study to be antipsoric. This will probably not show its good effect for eight or ten days, and it may not create any marked response till even the thirtieth day. When the response does come the good effects continue for some time.

The healing process in a wound might form an example, a visible example, as it were. The wound without treatment gets gradually worse, suppuration begins, pus burrows. Now we add some healing dressing. No effect may be noticed for a few days, but soon a more healthy condition appears, then granulation and the response begins. Without renewing the application the healing goes on.

A cure cannot be accomplished more quickly and surely than by allowing the suitable antipsoric to continue its actions so long as the improvement continues, even if this should be several, yea, many days beyond the assigned supposed time of its duration. There may come a time, there will undoubtedly come more than once a period when these symptoms will crop up again, will reappear, perhaps in milder form; they should not appear in an aggravated manner if the medicine is the correct similia, though Hahnemann speaks of such a thing as an aggravation, a moderate homœopathic aggravation, for an hour, or even half a day, even though the medicine is acting well and rightly, even though but a single dose has been taken.

If, as has been said, this return of the original symptoms recur, and in a milder form, then you have your warning for another dose of medicine.

Now you can see why it may be termed a caution against impatience.

It will also require the closest of observation, and perhaps experiment, to note the point at which to give your second, third or succeeding dose. A difficult point in prescribing has always been to determine just the point at which a set of symptoms become drug effects and not the disease symptom. Now, in the same line, it becomes a delicate task to observe just the point at which the drug should be renewed, when the remedy has ceased to act. Hahnemann says this is decided alone by experience and careful observation, and he adds, "it always decided in my manifold exact observations so as to leave no doubt remaining."

Hear also these words of Hahnemann's:

"It is a fundamental rule in the treatment of chronic diseases to let the action of the remedy, selected in a mode homœopathically, appropriate to the case of disease, which has been carefully investigated as to its symptoms, come to an undisturbed conclusion as long as it visibly advances the cure and the while improvement still perceptibly progresses."

"This method forbids any new prescription, any interruption by another medicine, and forbids as well the immediate repetition of the same remedy.

"Where, as is usually the case in chronic diseases, antipsoric remedies are necessary, the more frequent sudden change of them is a sign that the physician has selected neither the one nor the other in an appropriately homœopathic manner, and had not properly investigated the leading symptoms of the case before presenting a new remedy. This is a frequent fault into which the homœopathic physician falls in urgent cases of chronic disease, but oftener still in acute diseases from over haste, especially when the patient is a person very dear to the heart.

"We cannot flatter ourselves that the antipsoric medicine given was rightly selected, or that it will forward the cure of a chronic disease, if it quickly and entirely destroys as if by a stroke of magic the most troublesome symptoms, old, great, continuous pains, tonic and chronic spasms, etc., so that the patient almost immediately after taking the medicine fancies himself free from suffering, as if he were already restored and as if in heaven. This descriptive effect shows that the medicine here acts antipathically, as an opposite or palliative, and that in the days following we cannot expect anything from this remedy but an aggravation of the disease."

This waiting, this impatience, has proved a stumbling-block to many. Oh! that we could have a Hahnemann to pour into our ears such words of wisdom, to stimulate our faltering hearts, to breathe into our sluggish veins, to take us from the mire of polypharmacy, of repetition, of frequent

dosing, of massive quantities, of laziness and carelessness, impatience and disbelief, and raise us up to the pinnacle of true Homœopathy.

But even then, though we were raised to this point of purity and wisdom, would we not need a wall to keep us in and prevent our backsliding to those lower depths from which we have been rescued?

We have Abraham and the prophets; hear them. Did not the Jews of old put to death their Master? And though our beloved Hahnemann rose from the dead and appeared among us teaching his doctrines, would not we who bear his name likewise cry "crucify him," instead of following in his train?

THE PROVINCE OF BACTERIA.

B. FINCKE, M. D., BROOKLYN.

The question proposed by the New York Homœopathic Union for a free discussion, "What is the Province of Bacteria in Medicine?" can of course only be expected from the standpoint of a homœopathician. Hence, at first it is to be pointed out that there is a difference of the conception of disease in the allopathic and homœopathic sense.*

According to the first, it is the expression of a disturbance of the health of the organism with a distinct name, which is deduced from pathological investigations and considered as an entity for which the medicine is applied *ab usu in morbis*, according to rules laid down in the allopathic text-books.

Second. In the homœopathic sense disease is a disturbance of the life-force of the organism, consisting in the totality of the symptoms which denotes changes from health and serves as indication for the remedies to be applied according to the homœopathic law *similia similibus*, and in such doses as to be proportionate to the life-force of the individual.

* Read before the New York Homœopathic Union.

This, then, is the prime difference in the conception of disease by the two antagonistic professions. The allopathic conception is arrived at by deduction from pathological reasoning, the homœopathic by induction from the actual state of the organism in its changes from health. The former directs its efforts upon the disease of the organism as an individual irrespective of the sick person, whilst the other by the observation of the symptoms in their complex directs its efforts upon the sick person itself irrespective of the rules laid down in the allopathic text-books for combating the diagnosed individual disease.

If that is so, then it seems that there is in Homœopathy no place for the province of bacteria introduced into medicine by the allopathic school of medicine. Bacteriology is by no means placed on such a sure footing as to warrant the dictatorial ordinances sent out for the physicians to obey in its behalf. It is still in its development, and new discoveries and corrections of previous observations are constantly made which belong to the legitimate domain of scientific research, but to foist it upon the science of healing as the *sine qua non* of treatment cannot for a moment be admitted.

Bacteria, at first considered as characteristic in certain forms of disease, and declared to be the invariable causes of the various diseases, though none have as yet been found in several forms of disease, have also been found to exist under normal conditions of the organism, and hence have no right to take the high rank as the original causes of disease, and to constitute the safe guides in the selection of our remedies. The fact is that this bacteriological investigation has grown to such an enormous extent as to bring all medical treatment under its domain by the adoption of the much despised discovery of Dr. Lux, that products of disease have been found active and useful for similar diseased states of the organism, though only under the condition of their being made homœopathic by potentiation. In the

course of time, strange to say, the idea underlying this discovery has sprouted far and wide under the auspices of the modern allopathic school. The inventor of the anti-toxine serum himself has frankly acknowledged as much by assigning to Hahnemann the honor of having laid the very foundation to it by his discovery of the law of healing, and he was not ashamed at the same time to hail it as a triumph of his profession that it succeeded in silencing the Hahnemannian discovery for a century, in order to save it from exploitation by the homœopathic profession, till the great man came who invented his serums for therapeutics and puts such an exploitation in practice for his own profit. We have seen enough of the effects of these serums of his to let them alone in our treatment of the sick, for we know that the true homœopathic treatment is the most efficacious, speedy, and humane in existence. It is surprising to see how the followers of Hahnemann are carried away by the numerous allopathic artifices, which last for a while and then make room for new discoveries and inventions which are owing to improved scientific facilities without contributing to the science of healing, for this is not synonymous with the science of treating diseases. The province of bacteria, therefore, lies altogether in the allopathic pathological and physico-chemical school. Consequently we have no objections to its efforts to explore this wonderful but somewhat dirty realm of nature, as they enrich the department of natural history in the pursuance of the discovery of microscopical beings begun in the earlier part of our century with the infusoria. The greater perfection of the microscope has revealed the existence of still more minute beings in the organic bodies, standing in the relation of parasites to their constituents. Whether they are of vegetable or animal nature, whether they are organized beings endowed with function of secretion, or merely propagate and decay, is not our duty to find out in our province of medicine, viz., the healing of the sick, which by Hahnemann was discovered

to belong to the dynamic domain, and requires dynamic remedies. We do not, however, object when the physicians of the old school carry on such scientific investigations which have their uses in the increase of knowledge, but we decline that every such discovery should be used immediately to overturn principles which have been found unchangeable by practice, such as the Hahnemannian doctrine of Homœopathy. We see daily that the allopathic physicians do not hesitate to administer new chemical preparations, even without knowing their origin and composition, and the serums derived from poisoning animals or cultures of bacteria to the sick before knowing anything about them but a few isolated recommendations of the chemists or bacteriologists in and out of practice. A number of poor sick creatures requiring help are thus sacrificed on the alleged altar of science before the value or worthlessness of the remedies, which generally are not remedies, but poisons in more or less crude form, is experienced. Nay, it should still more be objected to the ordinances of the health authorities requiring the acceptance of such demands upon the intelligence of educated physicians, unauthorized by true science. Why should a homœopathician stoop to use such crudenesses as are now in vogue from vaccination down to bacterial inoculation because they seem to spring remotely from the fountain of the old misnamed doctrine of isopathy? or because Hahnemann had an idea that cholera was conveyed by the agency of microscopical animalcules in the atmosphere? Did he recommend for the cure of it any isopathic remedies such as are now applied as serums and bacterial cultures? No; he recommended Camphor, Cuprum, Veratrum, the latter two in small doses, such as the bacteriologists love to ridicule. Hahnemann sounded the death-knell to the ever-repeated efforts of the old school to oppose to disease medicines as strong as the patient can bear by trying them upon the sick. He laid down the law that every

medicine should be made homœopathic to the life force by potentiation, and thus be proved upon the healthy. From this source the knowledge of the remedial power of drugs is obtained, without which no remedy is to be used upon the sick. And no remedy is introduced into the great collection of *materia medica pura* which has not gone through the ordeal of this investigation of proving upon the healthy.

I trust after the foregoing explanation it must be admitted that the province of bacteria in disease has no place in homœopathics, and permitted in conclusion to say that it seems strange that some homœopathic physicians who adore Hahnemann and Dunham should follow unwittingly the uncertain light of this *ignis-fatuus*, viz., bacteriology in healing the sick.

Ceterum censeo macrodosiam esse delendam.

TYPHLITIS—LACHESIS 2C.

J. FITZ-MATHEW, M. D., WEST SOUND, WASHINGTON.

Delicate school-boy, aged ten years, had been drinking bad water, eating the green tops of some plant, and violently exercising at play. Symptoms: Frequent vomiting, yellowish, greenish, preceding; patient on his back, characteristic posture; right leg drawn up; erection of penis; hard swelling in right or ileo-inguinal region, intensely painful to touch or movement; temperature, 103; pulse, 130 to 140; tongue pointed, bright scarlet; always worse after sleep; would wake up, and then scream with pain. R. Lachesis 2c (Dunham); second dose in half an hour; then every hour till improvement was evident; Sac-lac. to follow. Four doses were given. I found patient in the morning wonderfully better and out of danger. Later an enema of warm water removed a mass of very foetid fecal matter. Patient was now convalescent.

BOOK NOTICES.

DR. JONES'S PICNIC. By S. E. Chapman, M. D., San Francisco. The Whitaker & Ray Co., Publishers. 1898.
Price \$1.00.

This is a novel written by a well-known homœopathic physician of California designed to draw public attention to Homœopathy through the medium of a story. This story may be briefly outlined as follows: A benevolent physician of the homœopathic school conceives the idea of making a trip to find the North Pole. He devises a great balloon made of aluminium and inflated with hot air. By means of this air-ship he starts with some pleasant companions to the North pole. On the way he stops in Labrador and becomes the guest of a Canadian hunter whose wife is suffering from cancer. The Doctor prescribes for the sufferer and relieves her of pain, and at the same time brings about recuperation, to the joy of the family who are now filled with hope for the ultimate recovery of the wife and mother.

Then the explorer leaves this abode where he has conferred such a blessing, and ascending into the higher regions of the atmosphere strikes an air current which drives him in an easterly direction until, instead of reaching the North Pole, he finds himself in the interior of Russia in the domain of a great Russian nobleman and close to his castle. The Doctor and his party descend from their air-ship and become the guests of the nobleman. The Doctor finds the Count suffering from sciatic rheumatism and his daughter suffering from consumption. The Doctor again exhibits his homœopathic remedies and cures the Count and relieves the daughter. The Count then detains the Doctor three months at the castle, and during that time the Doctor restores the daughter to health. During this interval the Doctor rescues a Russian princess who is perilously near death from valvular disease of the heart, and restores her to comparative comfort and an endurable invalidism. Then the Doctor leaves his Russian host and finally achieves the object of his desires—the North Pole.

The North Pole, according to this discoverer, seems to be in the centre of a circular island. Upon this island the travelers alight and plant an aluminium pole decorated with an aluminium flag—the stars and stripes—and then they once more enter the car of the balloon and proceed on their journey back to the United States.

This story is certainly very Utopian. There are no difficulties, or at least only such as readily disappear before the slightest effort. There are no dangers, no mistakes, no struggles such as attend ordinary enterprises in this world. The prime object of the author has been to weave a story around a couple of clinical cases treated homœopathically with great success. This object has been attained. The method of taking the case, and of selecting the remedy; the name and character of the drug selected, and the wonderful clinical results attained, are given very accu-

rately and must arrest the attention of all who read the book and show them the really scientific character of a homœopathic prescription and the falsehood of the common order of stories told concerning the system and its methods.

Perhaps the rather Utopian character of the story may beget in the minds of some readers an impression that the cures made by Dr. Jones are also of a Utopian character. They are unconscious of the fact that these cures are but ordinary everyday experiences of those who practice true Homœopathy, and thus the laudable object of the author may be defeated. It is incredibly difficult to make the public believe the actual facts of homœopathic prescribing, familiar though they are to every devoted adherent of the cause.

SCIENTIFIC AMERICAN SPECIAL NAVY SUPPLEMENT. Munn & Co., 361 Broadway, New York. Price 25 cents.

The lack of trustworthy information concerning our navy has induced the editors of the *Scientific American* to publish a Special Navy Supplement, which is certainly unique amongst the many magazines constituting our current periodical literature. Its handsome illustrations, its simple descriptions, enable one almost at a glance to comprehend the essential features in the construction and manipulation of our ships. In this admirable publication will be found our battleships "Indiana" and "Massachusetts," with their ponderous guns and powerful engines; the "Columbia" and "Minneapolis," destroyers of commerce; the monitors "Amphitrite" and "Miantonomah," illustrated by excellent sectional views, showing the construction and manipulation of their huge turrets and guns; the swift torpedo boats, "Porter" and "Bailey;" the "Vesuvius," with her three dynamite guns, and "Katahdin," with her formidable ram—both of them types of vessels found in no other navy of the world. The "Holland" submarine boat is also represented. To assist the reader in ascertaining the exact extent of Spanish possessions in the West Indies, an accurate, colored map of Cuba accompanies the paper. Says our own Captain Mahan: "With persons of average decision of character, and of average openness of mind, the wider the attention paid to the contemporaneous development of naval material under the advances of science, the more doubtful and ill-defined inclines to become the mental appreciation of existing conditions." It is this very perturbation of mind, this lack of clearness of thought regarding our warships, that a publication of this nature is well calculated to remove. Every effort has been made to treat the subject in a manner to be easily understood by those unversed in naval affairs, and in our judgment they have well accomplished the task. The illustrations number about ninety, and show the vessels grouped in classes, such as battleships, cruisers, monitors, gunboats, torpedo boats, special classes. Numerous pictures also illustrate, in great detail, guns, gun turrets, torpedoes, and many external and internal views of other parts of our warships. The whole forms a magnificent work of permanent and ready reference. It is sold for 25 cents by all newsdealers and by the publishers, Messrs. Munn & Co., 361 Broadway, New York.

THE
HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. XVIII.

JUNE, 1898.

No. 6.

EDITORIAL.

SILICEA has short flushes of heat in the face, happening several times a day. Fluoric-acid, Lachesis, and Phosphorus have burning heat of the face. Fluoric-acid, with the heat is desire to wash the face with cold water. Lachesis, the heat in the face is attended with great sensitiveness of the neck to touch. Phosphorus, the heat begins in the hands and spreads all over the body, including the face.

Silicea has debilitating perspiration in the morning hours of the night. Calcarea-carb. has perspiration before midnight as before stated.

Silicea is generally worse in the morning.

Kali-carbonicum has perspiration after midnight.

Silicea has painless swelling of the glands. Calcarea has swelling with heat, and Belladonna swelling with heat and redness.

Silicea has rose-colored blotches on the skin. Natrum-carb. has red, hard blotches.

Silicea has ulcers relieved by heat and made worse by cold.

Fluoric-acid has ulcers relieved by cold.

Arsenic, the ulcers are relieved by heat.

Iodine, ulcers worse from heat.

Silicea, scars left from old ulcerations suddenly become painful.

Silcea has aggravation from lifting the diseased limb.

Silicea has aggravation from washing.

Fluoric-acid has amelioration from cold washing.

Here are some indications derived from washing. Those who practice Homœopathy will be likely to find them useful. Those who do not practice Homœopathy need not read them, as they will hardly make use of them, and it is not well to crowd the mind with information that is not useful.

Sulphur, aversion to washing. Also Antimonium-crudum according to Dr. Guernsey, and Ammonium-carb.

Ammonium-carb. has reappearance of old symptoms from washing, such as nose-bleed, blue hands, and swollen face.

Aloes, patient can't take a cold bath because it is too stimulating to the genitals.

Hepar has utter aversion to bathing; the child screams and fights if it be attempted, on account of eruption upon the head.

Kali-carbonicum, washing in cold water causes red spots on the face.

Kali-carb., washing the face causes nose-bleed.

Phytolacca, blotches on face worse from washing.

Sarsaparilla, eruptions worse from washing.

Hydrastis, washing aggravates eruption on forehead.

Lobelia, cold washing increases or causes pains and difficulty of breathing.

Lycopodium aggravates from moistening the diseased part.

Antimonium-crudum child cries, when washed in cold water and makes but little objection to washing in warm water.

Natrum-muriaticum has desire to wash in cold water.

Borax, washing chest with cold water relieves chest symptoms.

Æsculus, after washing hands and face swell up enormously and become red. Red spots on face after washing. Rubbing the face after washing brings red spots.

Apis, desire to wash the face in cold water. The face is better from washing or moistening.

Nux-moschata, amelioration of colic by application of hot, wet cloths, and aggravation from cold, wet cloths.

Aconite and Fluoric-acid, better from washing the diseased part.

Fluoric-acid, desire to have the suffering part bathed.

Thuja, aggravation from cold, wet applications.

Thuja, amelioration from warm, wet applications.

Asarum-europeum, eyes relieved by washing in cold water.

Sulphur, eyes worse from washing, or bathing.

Thuja, face feels sore and raw when washing it.

Antimonium-crudum, tendency to take cold in the head from washing. The head is sensitive to cold bathing.

Cantharis, headache from washing.

Aconite, cold bathing suppresses the menses.

Aurum-m., many symptoms disappear after washing.

Muriatic-acid, washing with warm water ameliorates the hemorrhoids. Cold water aggravates the hemorrhoids.

Silicea has amelioration from letting the diseased limb hang down.

Pulsatilla has aggravation from letting diseased limb hang down.

Indium-metallicum has pulsation in foot from letting it hang down.

Natrum-carbonicum has aggravation from letting diseased limb hang down.

Conium has amelioration from letting diseased limb hang down, in cases of periostitis with throbbing and burning pain.

HIGH DILUTIONS AND THEIR EFFECTS, FROM A CHEMICAL POINT OF VIEW.

J. ELLIOTT GILPIN, PH. D.

Every physician has, no doubt, determined empirically the value and use of certain drugs, and knows that in his branch of science, as well as in all the natural sciences, explanations are not forthcoming for many observations and experiments which have been recorded. They know that small doses and those of high potencies are often efficient when stronger ones fail to act; but it remained for the chemist to discover related phenomena which may aid the physician to explain the cause of these results. These have been obtained through a study of the nature and properties of solutions. It will, perhaps, be well to review briefly the old idea of the nature of solutions and compare it with the present one. It was supposed that the action of the water, on salts dissolved in it, was of a physical nature consisting in the subdivision of the material into ultimate invisible particles, these being, perhaps, in a continual state of decomposition and recombination, without, however, remaining in the dissociated condition any conceivable length of time. According to this view the explanation of the fact that substances act upon each other more readily in solution than in the dry condition, was that the substances could come into more intimate contact with one another, and produce more rapid and complete action. There were many facts, however, some of which will be taken up later, which could not easily be explained by this theory. Some ten years ago Van't Hoff showed, by a study of the osmotic pressure of solutions, that all the laws governing the changes in volume and pressure of gases held equally well for dilute solutions of sugar and other substances. His con-

clusions were based on results obtained by Pfeffer in the study of the pressure exerted by substances in solution in water.

The apparatus used by this investigator consisted of a small clay cell, to the open end of which was attached a short piece of glass tubing. To this in turn was added a tube which would serve, on account of its small diameter, to indicate a small increase in pressure. The rise in the height of the column can be measured, or the pressure can be determined by connecting the small tube to a manometer. In order to allow the water free passage through the cell wall, but to prevent the passage of the dissolved substance, he precipitated a semi-permeable membrane within the pores of the cell, by saturating the cell with a solution of copper sulphate, then washing out the interior and introducing a solution of potassium ferrocyanide which would be absorbed by the porous cell and come in contact with the copper sulphate. The copper ferrocyanide precipitated forms a thin membrane, which while perfectly permeable to water, prevents the passage of the substance in solution. If now this cell is filled with a solution of cane sugar in water, and the whole cell introduced into a vessel containing distilled water, we will find in the course of some hours that the height of the liquid in the tube is greater, thus showing that the amount of liquid in the cell has increased. The membrane in the cell wall will allow the water to pass in or out with equal freedom; but for some reason which has not yet been clearly explained, the flow is greater into the cell, even though the molecules of the sugar are bombarding the membrane on the inner side, which one might expect would prevent the easy entrance of the water. If the quantity of material is determined and the increase in pressure observed, it will be found that the increase in pressure is that which the substance would exert if it were in the gaseous condition and occupied the same volume as the liquid. Other laws that hold for gases were

found to hold equally well for dilute solutions, so that the analogy between gases and substances in solution seems well established. The exceptions to these laws were the acids, alkalis, and salts which are soluble in water; but these apparent exceptions were shown to be due to the fact that dissociation had taken place, giving rise to part-molecules or ions, which are greater in number than the undissociated molecules. Some idea of the increase in pressure that is due to a salt dissolved in water can be obtained from a consideration of the case of potassium nitrate, a 1 per cent. solution of which causes a pressure of three atmospheres. It was found also that the substances which did not have the power to transmit the electric current were the ones which gave normal values; while the electrolytes gave abnormal values so long as they were in solution in a solvent which had the power to dissociate them.

The conception that the passage of a current was intimately connected with the dissociation of the substance in solution was due to Faraday, who held the opinion that the current decomposed the substance, and that the ions thus set free transmitted the current through the liquid. The fact that a current that is too weak to cause any dissociation can still be transmitted through the liquid has led to a modification of the Faraday view, and according to the present electrolytic dissociation theory the ions exist in the free condition, even before the passage of the current, and the latter only influences the direction of the movements of the ions. According to this theory, therefore, the electrolytes, which are the substances capable of conducting the current when dissolved in water, are dissociated or split up by the water into two parts, or ions, which may be elements or more complex groups with the power of transmitting the current through the solution.

These ions are not free atoms or molecules, as they would in that case act as the element does; but they are particles

heavily charged with electricity, which, upon loss of their charge, are set free as atoms. These ions have the power to transmit the current, the amount carried being constant for each ion, depending upon its constitution; that is, an ion of hydrogen has the power to transmit a certain amount of electricity, and this is the same for every and all hydrogen ions, while those of sodium, for instance, have a different constant carrying capacity. As might be expected, from the fact that hydrogen is the lightest element and diffuses more rapidly than any other, we find that its ions show the greatest rapidity of migration. The action taking place in a dilute solution can, perhaps, be best explained by means of a simple example. If we dissolve sodium chloride in water we have ions of sodium with a charge of positive electricity and ions of chlorine with a charge of negative electricity. As the solution becomes more concentrated the ions, through loss of their charges by the neutralizing action of those of an opposite nature, become atoms and unite with the atoms of the other element to form molecules, so that the product isolated by evaporation is identical with that introduced in the first instance. In order, therefore, to gain any knowledge of the nature of these ions we must study the substance in solution in water. If the sodium were in the atomic condition in the solution, it would, of course, decompose the water and liberate the hydrogen. As long as no current is passed through the solution no change is noticed, as the movements of the ions are equal in all directions and there is no tendency for an accumulation at one point. If, however, a current of electricity is passed through the solution the direction of movement is influenced by the current, and the sodium ions will accumulate at one pole and the chlorine ions at the other. The positive charges of the sodium ions will be neutralized by the negative charge on the adjoining pole, and the atomic sodium thus liberated will act on the water and liberate hydrogen. At the other pole, in a similar manner, the

chlorine ions will lose their charge and escape as free chlorine. The fact is probably well known to physicians that pure water is not readily decomposed by the electric current; but if a little sulphuric acid is added the decomposition takes place even with a very weak current. How can we explain this phenomenon, where a small amount of sulphuric acid suffices to cause the decomposition of a large amount of water without itself suffering any loss? It can be readily explained by the electrolytic dissociation theory. The sulphuric acid in the water is dissociated into H ions and SO_4 ions. Now when the current passes the charge on the hydrogen ions is neutralized and the hydrogen set free. At the other pole, where there is an accumulation of SO_4 ions, the water is decomposed by the SO_4 group when it loses its charge and the hydrogen of the water combines with this group to form sulphuric acid, while the oxygen is liberated. Many phenomena which could not easily be explained before the discovery of these facts are now better understood, and we see why the inorganic salts which are ordinarily so stable, but which are easily dissociated in water solution, should be more active in solution than the unstable organic compounds which do not dissociate in water solution.

This theory has been of great assistance to the analytical chemist, as he can now explain many of the reactions which are so familiar, but whose cause was not known before. The general method of testing for the presence of soluble chlorides in water is to add a solution of silver nitrate to the suspected sample, and if it contains the chloride, a precipitation of silver chloride takes place. We have in one solution ions of potassium and ions of chlorine, or as they are generally written, Na ions and Cl ions, and in the other Ag ions and NO_3 ions. When these two solutions are brought together the Ag ions and the Cl ions combine to form insoluble $AgCl$, after they have lost their charges, and the Na ions and NO_3 ions remain in solution. If, how-

ever, instead of NaCl we use NaClO₃, sodium chlorate, we do not have a formation of insoluble AgCl as the second ion is not Cl, but a more complex group containing chlorine, ClO₃. We would conclude from this that a silver salt can only precipitate the chlorine when the latter is in the ionic condition. We thus see how the views as to the nature of solutions have entirely changed, and it may be of interest to the homœopathist to see how these views confirm the ideas of Hahnemann as to the greater activity of substances in the dilute form. The knowledge which we now have of the action of substances in solution will enable us to explain facts which he determined empirically, and we see how such scientific studies may have an important bearing on the theories of Homœopathy. As the activity of the inorganic and many organic compounds in solution is dependent upon the amount of dissociation which has taken place, and as this in turn increases with dilution, we see, perhaps, some reason for the efficacy of a high potency in many cases where a lower one will not act. Reasoning again from the studies of solution, we would expect the triturations made in water to be more effective than those made in alcohol, for we know that water is the strongest dissociating agent known. That the free ions in a dilute solution have important physiological action is shown by the work of Kahlenberg and True upon the toxic action of dissolved salts. Their experiments were made with plants, and similar results have been obtained with animal organisms, so we have reason to believe that the action towards the higher animals would be of the same general character. They showed that the plants are poisoned and killed by the free ions in certain cases, and they studied the connection between the number of ions present and the action on the plants. They showed that no matter what acid was used the amounts of free ions necessary to poison the plant were equivalent in every case, and they also showed this action to be due to the hydrogen ions. In one

case mentioned 1 part of ionic hydrogen to 6,400,000 of water, corresponding to 0.00056 per cent. of hydrochloric acid, was sufficient to kill the plant. Metallic ions were found to be very poisonous, and a strong point in favor of the action being due to free ions was that while copper ions in the proportion of 1 part of copper to 400,000 of water killed the plant, another solution, in which the copper was present in a complex ion, and not as a single ion, could be made so strong that it had a blue color and contained about sixty times as much copper as the other solution, without killing the plant.

Silver was also found to be very poisonous, as one part of silver to 948,148 of water was sufficient to kill the plant. Facts of this kind cannot fail to impress one with the important *role* that the ions play, and while, no doubt, many effects will be ascribed to them, with which they have no connection, it will not affect the value of such observations as these. There is a tendency to enlarge and extend generalizations far beyond the point that can be sustained by experimental proof, and it is only necessary to recall such cases as the sensation which arose from the statements made by followers of Koch with regard to the value of his lymph as a remedy for consumption. The wild claims that are made in such cases come from those who are not familiar with the subject, and are startling as compared with the strongest statements of the discoverer, who has, perhaps, spent the greater part of his life in close touch with the subject. There is a tendency in the human mind to follow lines of speculation until one is lost in the maze and is astonished at the results of his deductions; but it has been the aim in this paper to avoid such fields, and to lay emphasis on those points which seem to be supported by a firm foundation of experimental proof.

VACCINATION TESTIMONY IN APRIL NUMBER.

M. R. LEVERSON, M. D.

That portion of this abstract of the testimony taken by the Royal British Commission, which appeared in the April number of *THE HOMŒOPATHIC PHYSICIAN*, furnishes a striking illustration of the lack of the logical faculty which distinguishes the medical profession as represented by its most prominent members in England.

Not only Dr. Cory, who was testifying, but each of the medical members of the Commission, with the single exception of Dr. Collins, took for granted that the differences which were found to occur between the phenomena of primary vaccination and those of re-vaccination were due to residual effects of the former.

And yet there is one difference in the circumstances attending the operation of so fundamental a character that it is difficult to understand how so vicious an error could be fallen into by men of ordinary common sense, not to speak of claimants to scientific reputation.

Re-vaccination in nearly all cases is performed upon persons of much more mature age than primary vaccination; and, other things equal, the differences noted in the progress and results of primary and re-vaccination are just as likely to be due to the difference of age incidence as to any other factor of the problem.

But there is strong evidence which points to age incidence as the more probable cause. It was a fact well known to Dr. Cory and to the medical members of the Commission that primary vaccination proves unsuccessful in a much larger proportion of adults than of children, and this striking fact produced no effect upon the reasoning powers of Dr. Cory and the majority of the Commission!

But if it be true that the difference in progress and results between re-vaccination and primary vaccination is due in any degree whatever to "residual effects of primary vaccination," then this fact affords further and positive evidence of the baneful effects produced by the primary vaccination.

If the statement be true, it must mean that the blood of the victim of every successful vaccination is in an *abnormal* condition—*i. e.*, in an unhealthy one. And that this is the effect of vaccination and its deplorable effects upon the race there will be abundant reason for suspecting as we proceed with the testimony.

That "the parallelism as regards effects does not go very far" between cow-pox and syphilis, as said by Dr. Creighton in reply to Lord Herschel's question (5,575), is generally true of inoculated cow-pox where the "morbid poison" has been subjected to "management," but its normal virulence sometimes breaks out, and in such cases the parallelism as regards effects goes as far almost as identity.

The secondary symptoms of cow-pox as given in the following table are taken from descriptions of its effects given by advocates of vaccination in their works, perhaps inadvertently—when they were not concerned in "preserving vaccination from reproach."

I have a right to claim that this pathological table has for its support "the concensus of medical opinion," at least far more than vaccination ever had. For months before the meeting of the American Association of Physicians and Surgeons, held at Indianapolis in January, 1896, that table was circulated among the best known advocates of vaccination in Europe and North America, as well as among the Boards of Health of nearly every State and large city of America, accompanied by a letter from the Secretary of the Association, informing them that that table would be presented and sustained by the editor of the abstract of the Royal British Commission testimony now being published in THE HOMŒ-

SMALL-POX.

COW-POX.

GREAT-POX OR SYPHILIS.

PRIMARY LESION.

1. Eruption general, superficial.	1. Eruption local, deep, in the corium of skin or subcutaneous tissue, or in the mucous membrane.	1. Eruption local, deep, in the corium of skin or subcutaneous tissue, or in the mucous membrane.
2. Constitutional or general symptoms precede the eruption and are relieved on its appearance.	2. Constitutional symptoms do not precede but follow the eruption in all cases.	2. Constitutional symptoms do not precede but follow the eruption in all cases.
3. Pustules of various kinds, irregular, elevated, generally perforated by a hair, induration, if any, very slight, no tendency to a gnawing ulceration of the skin.	3. Pustule* always the same, round, centrally depressed, margin indurated and not perforated by a hair, has a cellular membrane at floor, tendency to a gnawing ulceration.	3. Pustule* always the same, scooped out, deep funnel-shaped with sloping edges often elevated, not perforated by a hair, has a fungoid membrane at floor, tendency to a gnawing ulceration.
4. The fluid is contained in two chambers a superficial and a deep, which communicate around the edges of the separating membrane; it is carried with the dust of the air.	4. The fluid is contained in a single chamber, reticulated, is non-volatile and is communicated only by immediate contact with an abraided surface.	4. Absolutely the same as the cowpox.
5. The poison of small-pox, like that of cholera, is produced spontaneously in certain seasons in healthy and filthy localities; where it is propagated by contagion at a distance or by contact.	5. The poison is never produced spontaneously. It is always the result of direct contact between a vaccinated or syphilized subject and an abraided skin or a mucous membrane.	5. The poison is not produced spontaneously. It must either come in contact with an abraided skin or with the mucous membrane.
6. The small-pox pustules leave no scar if properly treated. It is bad treatment and exposure to light during their evolution which is the cause of the scarification, formerly so common.	6. The cowpox leaves a special foveated scar, owing to its having attacked the whole skin, and spreads out in different directions by erosion of the skin.	6. Similar to the scar of cowpox, but is generally slight and varies more in character.

*i. e., The chancre.

7. The small-pox eruption does not affect the lymphatic system.	7. The cowpox poison permeates the lymphatic channels and ganglia, causing cutaneous inflammation, buboes and abscesses in various parts of the body except when greatly attenuated as by passing through the tissues of different subjects.	7. Absolutely the same as the cowpox.
8. Infectious.	8. Not infectious.	8. Not infectious.
9. Inoculable.	9. Inoculable.	9. Inoculable.
10. Both Sexes.	10. Cow only.*	10. Both sexes.
11. The small-pox is epidemic; taking its rise in filthy localities, and can be arrested in its march by disinfectants and <i>cleanness</i> .	11. Cowpox is independent of time and place; it is sporadic, accidental, individual, communicated only by direct inoculation.	11. Absolutely the same as cowpox.
SECONDARY SYMPTOMS.		
12. None. The pits are the scars of the eruption, consequent on bad treatment; sometimes blindness follows; but this is a consequence of the acute attack and is not a "secondary" symptom; it occurs through failure to observe and give special treatment for a pustule appearing on the cornea; sometimes pulmonary troubles follow, but these also result from bad treatment.	12. Sometimes buboes which discharge an ichorous pus, it poisons the blood and causes enlarged glands.	12. Buboes, sometimes discharging an ichorous pus, it poisons the blood and causes enlarged glands.
	13. Snuffles.	13. Snuffles.
	14. Thrush.	14. Thrush.

* Cowpox may be inoculated on the bull. But so far as I have been able to learn no case of "spontaneous" cowpox has ever been observed in the bull.

15. Phagedenic sores.	15. Phagedenic sores.
16. Eruptions and abscesses on genitals in infants.	16. Eruptions and abscesses on genitals in infants.
17. Nodes in the head.	17. Nodes in the head.
18. Ophthalmia.	18. Ophthalmia.
19. Alopecia.	19. Alopecia.
20. Cephalalgia.	20. Cephalalgia.
21. Dentition delayed in children, with production of the so-called syphilitic teeth.	21. Dentition delayed in children, with production of the so-called syphilitic teeth.
22. Dermatitis gangrenosa infantum.	22. Dermatitis of every kind; rarely gangrenosa.
23. Erythema, especially papulatum.	23. Erythema.
24. Impetigo.	24. Impetigo.
25. Eczema of all kinds.	25. Eczema.
26. Herpes.	26. Herpes.
27. Ready fracture and difficult healing of bone, also probably * caries in some cases.	27. Caries of bone; many authorities regard this as a tertiary symptom only, a result of bad treatment and not properly a secondary of syphilis.
28. Photophobia.	28. Photophobia.
29. Insanity, probably.*	29. Insanity.
30. Scrofula.	30. Scrofula.
31. Macula roseola.	31. Macula roseola.
32. Condylomata.	32. Condylomata.

- 33. Mucous patches on tonsils, tongue and lips tending to ulceration.
- 34. Acne.
- 35. Bronchitis.
- 36. Tuberculosis.
- 37. Arrest of development.
- 38. Absolutely the same as in cowpox.

- 33. Mucous patches on tonsils, tongue and lips tending to ulceration.
- 34. Acne.
- 35. Bronchitis.
- 36. Tuberculosis, probably.*
- 37. Arrest of development.
- 38. Not only is the cow-pox no preventive against small-pox, but those subjected to it are predisposed to attacks of epidemics or infectious disorders, such as typhoid, cholera, small-pox. This is conclusively established by statistics: Of Germany by Dr. Oidtmann, of Switzerland by Prof. Dr. Vogt, of England by Alfred R. Wallace, Wm. Tebb, and Alex. Wheeler, and among the workmen and prisoners of Belgium by Dr. Hubert Boens.

39. The name syphilides has been given to the different skin diseases following upon syphilis, and

41. Syphilis will not beget small-pox.

39. The name of vaccinides has been given to the different skin diseases resulting from vaccination.

40. Vaccinides and syphilides are cured by the same treatment.

41. Cowpox will not beget small-pox.

After recovery from the attack, the patient is restored to normal health.

Small-pox will not beget cowpox or syphilis.

* The word "probably" is used because the evidence is that only of the great increase of insanity and tuberculosis following the increase of vaccination, such increase being proportionately greater among the vaccinated than among the unvaccinated.

Continue, gentlemen, to vaccinate if you choose, and *because you make money by it*; but never forget, pseudo scientists and false physicians that you are, that while you sow vaccine among the people, **THEY REAP THE POX!** [Adapted from the allocution of Dr. Hubert Boens, of Brussels.]

OPATHIC PHYSICIAN, and they were invited to be prepared to contest the same. No one appeared to do so.

The table was also published in the transactions of the Medico-Legal Society of New York, and has been widely circulated in a pamphlet in which the proceedings of the Medico-Legal Society of New York, of November, 1896, were fully published.

Several sessions of the American Association of Physicians and Surgeons have since been held, preceded in some cases with urgent invitations to medical men, and especially to Boards of Health and well known advocates of vaccination, to dispute the accuracy of the table. It remains undisputed. Therefore, the author claims it must now be regarded as representing "the consensus of medical opinion" upon the subject as much as any doctrine which has ever been upheld by that very intangible entity or imaginary force.

[P. S.—In a recent number of the *Medical Argus*, published since the foregoing note was written, the editor of that journal makes the same claim for my table, viz., that it must now be taken as representing "the consensus of medical opinion" upon the subject. M. R. L.]

RAMPANT ORGANOTHERAPY.—A writer in the *Chicago Medical Observer* tells the following story: While attending a confinement he saw the nurse return, soon after the placenta had been expelled and taken from the room, with a small piece of meat, well peppered and salted, which the young mother ate. It was explained that "the meat was a piece of the after-birth, taken to prevent after-pains; for that is how all animals do." The revolting morsel was given the credit for an early "getting up."

Well, why not? That would not be half so marvelous, to our thinking, as that the morsel stayed down.—*N. Y. Medical Journal*.

This takes the cake. [Editor.]

THE ETIOLOGY OF CANCER.

WM. B. CLARKE, M. D., INDIANAPOLIS, IND.

In a paper entitled "The Treatment of Cancer," by Dr. Wm. B. Clarke, of Indianapolis, Ind., read by him in person, by invitation, before the Kentucky Homœopathic Medical Society at Frankfort, May 25th, the question of the cause of the disease carcinoma is interestingly handled, as follows:

The malignancy and fatality of carcinoma and the long continued Indian-like torture of its victims characteristic of the disease justifies the popular horror of its very name, and its appalling frequency and rapid increase of late years may well challenge the closest attention of the medical profession of the civilized world. I say civilized world, for in an editorial in its June, 1897, issue the *Philadelphia Medical Summary* says: "Cancer is a disease of civilization, and was not much known until a few generations ago. So far there is no known remedy for this calamitous affection, . . . and scarcely an alleviation possible of its sufferings; . . . it remains among the unsolved and perplexing riddles of science, and promises no indication of less severity." I also say civilized world because Jeancon, in his *Diseases of the Sexual Organs*, says, "Cancer is unknown in Africa"—a reference I shall allude to later. But with us it steadily pursues its relentless march, slaying the Grants and Gladstones of the world with as little leniency as it displays toward their humblest and most helpless followers.

Now a paragraph as to its frequency and increase, as spoken of in opening: In 1895 Dr. Joseph D. Bryant, of New York, before the New York Medical Association, presented statistics showing the deaths from cancer in the United States to have been 9 per 100,000 living in 1850; 11.7 in 1860; 16 in 1870; [26 in 1880—U. S. Census], and 35.5 in 1890, nearly quadrupled in forty years. The New York State

Board of Health report shows 3,454 deaths in that State in 1895, or nearly twice as many as ten years before. And it is worse abroad, the ratio of increase being much the same but the figures being larger—*i. e.*, 67.5 in England in 1890, and 52.8 in Prussia (Dennis's *Surgery*, Vol. IV, p. 92). As to the number of deaths in the United States the same work, p. 91, quotes Dr. J. S. Billings, U. S. Army, the noted statistician, as authority for 18,536 for the year ending May 31st, 1890; "much below the true number," as it includes only absolutely officially reported cases, and including no sarcomas, "or more than the sum total of deaths due to erysipelas, tetanus, hydrophobia, lightning, typhilitis, gun-shot wounds, joint diseases, together with other well known surgical affections" (Dennis's *Surgery*, Vol. IV, p. 91). Now it will not do to advance the specious argument, better diagnoses now than then, for by its very presentation the argument fails, as sarcomas and "any old thing" in the way of tumor is now excluded, while then often included.

The general subject of cancer is far too large to be even thinly veneered in a single essay, but it is appropriate on an occasion like the present to devote a little attention to the vitally interesting question of the etiology of the disease, about which all the book authorities, from Billroth and Virchow down, agree in saying there is almost nothing positively known. They tell us that age, irritation, heredity, sex, menopause, vegetable growths and injury are predisposing factors, but leave us to burst in ignorance as to the actual causes. This disease is the grand type of the class called heterologous hyperplasia, being characterized by a prodigiously abnormal proliferation of epithelium.

Malignant growths are at first purely local and benign, carcinoma originating from cells which belong to the epiblastic or hypoblastic structures, epithelial, while sarcomas are from the mesoblastic, connective tissue. Now, it takes twenty-one years to make a man, and but four to make a cow.

As cancer is a disease characterized by the rapid imposition of cells, is it safe to put the rapid growing cells or protoplasm into the slow-growing cells, as is done in vaccination and the various forms of blood assassination now rife in civilized countries, often, indeed, enforced by law or health(?) board regulation? Granted that the practice does not cause the disease outright, as it does consumption, is it not at least reasonable to suppose that it predisposes us toward it? And we are now reaping the harvest of the seed so generally introduced half a century ago—Prussia's vaccination law having been passed in 1835, and England's in 1853. And the figures are larger abroad, as quoted above, because the practice of vaccination was more generally introduced some years earlier there. And consumption has steadily increased from the time when young Phipps, Jenner's first vaccination victim, and also his own frequently-experimented-on son, died of it. Much authoritative testimony could here be cited did time and space allow. I will only say that our census shows nearly one-half of the deaths from cancer in proportion to population in 1880 to have been among the colored people, and this in face of the fact, previously alluded to, that "cancer is unknown in Africa." That their proportionate death-rate from cancer here does not equal or even exceed that of the whites may be explained by the fact that they are more prejudiced against vaccination, and so more of them escape the esoteric rite and its dangers. New York vaccinates freely and by force, and its cancer deaths double in ten years.

But let the causation of diseases by vaccination and the tendency to cause them be studied carefully, and the mystery which now puzzles us with regard to cancer may be largely cleared away. It is high time to call an abrupt halt in the world-wide prevalence of the practice of these various "scientific" assassinations of the blood of our domestic animals, especially cows, horses, and dogs. It is not only degrading and debasing them, now and for their posterity, but is sure

to boomerang disastrously upon the physical welfare of the human race. Who can estimate the havoc even now wrought along this line? And why should we longer countenance this recrudescence of superstition, or longer worship this fetich of hygiene, this useless and dangerous procedure?

REPERTORY OF THE BACK.

E. H. WILSEY, M. D., PARKERSBURG, W. Va.

(Continued from May number, page 203.)

SPINE.

Lying, pains in spine, better by lying on something hard,
| Nat-m.

— spinal irritation, better lying flat on back, with firm pressure,
| Nat-m.

Lower, pain in lower part of spine and trembling of limbs,
| Coccul.

Meningitis, convulsions, with jerking of muscles in spinal meningitis, | Hyos.

— inflammation of meninges after abuse of Merc. or secondary syphilis, | Kali-iod.

— chronic spinal meningitis, with sudden loss of flesh, Plumb.

— spinal meningitis during scarlatina or measles, eruption does not develop, | Dulc.

— cerebro-spinal meningitis in the tetanic stage, | Physos.

— softening of the spinal cord, congestion, or irritation, spinal meningitis, myelitis, or spinal paralysis, Crotal.

Middle, drawing pain in middle of spine, with drawing pains opposite to it on back part of stomach, Stram.

— pain in middle of spine, Sambucus.

— pinching pain in middle of spine, Phos-ac.

— pains in middle of spine when sitting, | Arn.

Morning, pain, as if bruised, in the whole spinal column, in the morning on waking, while lying on his back, Mag-m.

— severe aching down spine, worse from friction, passing off after rising, mornings, Lyc-vir.

SPINE.

Morning, pain in middle of spine in morning, with general bruised feeling, worse upper limbs, Tabac.

— painful stiffness in morning on rising, with indolence and heaviness of legs, Calc-c.

— pain in spine in morning, so severe he could not move a limb, Aur-fol.

Morbid feeling in different parts of spine, Tabac.

Motion, tearing downward on the whole spine in rest and in motion, Mang.

— painful feeling in spine on motion, Lob-c.

Myelitis (inflammation) | Acon., Amm-c., Ant-c., | Arn., Ars., Bar-m., | Bell., | Benz-ac., Bry., | Calab., | Calc., Carbo-v., Caust., Cham., Cic., Cina, China, Coccul., Coff., | Colch., Con., Crotal., | Dulc., Euph., Hep., Hyos., | Hyper., | Ign., Iod., Kali-iod., | Lach., Lyc., | Merc., Nat-m., Nit-ac., Nux-m., | Nux-v., | Op., Oxal-ac., | Phos., Phos-ac., | Pic-ac., Puls., | Rhus, Ruta, Sars., Sec., Sep., Sil., | Sul., Sul-ac., | Ver.

— diffusa, | Secale.

— after taking cold during menstruation, | Dulc.

— with paraplegia of extremities, of bladder and anus, with a tendency to twitching and shocks, | Merc.

— and early stages of locomotor ataxia, especially when occurring from exposure to cold or from sexual excess, | Nux.

— painful, paralytic weakness in upper and lower limbs, | Verat.

— with numbness and insensibility of extremities, | Phos.

— after sexual excesses, or getting wet, | Phos.

— spinal membranes inflamed, even myelitis from getting wet or sleeping on damp ground, || Rhus.

— with diabetes, Phos-ac.

— anterior horns inflamed, early stage, | Gels.

— with meningitis after injury, | Hyos.

— in meningitis after injury or checked sweat, | Acon.

— worse at night and from cold, while lying down, and from washing, | Dulc.

SPINE.

Myelitis, osteomyelitis, | Merc-c., | Phos.

— causes prolapsus uteri, | Sil.

— syphilitic, | Kali-iod., | Merc., | Nit-ac., | Phyto., Sang.,
Thuja.

— perimyelitis, Sep.

Neuralgia of spine, | Ars., Diad., | Gels., | Coloc., Ran-b.,
| Glon., | Lach.

— in top of spine, extending to vertex, | Ars.

— pressure on spinous process of first three cervical vertebræ,
worse or brings on neuralgic attacks, | Coloc.

— worse morning and evening, and after eating (rheumatic neuralgia after unusual exposure), Phos.

Numb, tired pains up and down spine and in head, | Curare.

Numbness and formication along spine and into extremities,
| Nux-v.

— myelitis, with numbness and insensibility of extremities,
| Phos.

— in back radiating from spine, Populus-c.

— spinal irritation, numbness in lower extremities, with great
prostration, Zinc.

Oppression of spine during sweat, Sep.

Onanists, feeling of lightness in body from spinal exhaustion
in onanists and hysterical subjects, | Gels.

Pain, sensation as if atlas and axis had been pried apart; on rising
to feet it changed to a sharp pain, Curare.

— in region of seventh cervical vertebra after a walk, with drawing
in nape, Curare.

— sore pain the whole extent of spine from below upward, Eup-
pur.

— in neck like those of cerebro-spinal congestion, || Gels.

— from spine to head and shoulders, | Gels.

— in spine as if beaten and like lumbago, | Ruta.

— in last dorsal vertebra, | Zinc.

— in spine when walking, then drawing pressure as if bruised;
better by pressure, Ver-a.

SPINE.

Pain, severe in lower part of spine, Lyss.

- severe pains in spine, worse from pressure, | Merc.
- spine sore and painful, | Merc-i-rub.
- pulsating near middle of spine, Mez.
- down spine, with twitching, Morphinum.
- in middle of spine in morning, with general bruised feeling, worse upper limbs, Tabac.
- severe bruised pain in whole spinal column at night, Mag-m.
- all down spine and close to it on both sides, Calabar.
- in spine, Calad.
- in spine on bending backward, Calc-c.
- in fifth, sixth and seventh cervical vertebræ, worse moving head; better from pressing hand thereon, | Camph.
- at base of spine, extending along down sciatic nerve and in hip-joint, Can-s.
- near spine, right side, where scapula ends, Alum.
- as if not able to carry body, | Arn.
- in middle of spine, when sitting, | Arn.
- much pain in spine at nape of neck and sacrum, especially worse on pressure, | Angustura.
- cutting pains extending in a circle from spine to abdomen, | Acon.
- all along the spine; stiff neck, | Cedron.
- in spine, between shoulders, | Chel.
- in spine, painful on pressure at all stages of fever paroxysm, || Chin-sul.
- down entire spine, after constriction in chest, shivering downward, | Glon.
- great pain in spine after a fall from a hammock, growing daily more severe, | Hypericum.
- in spine, spreading to kidneys, Lil-tig.
- constant in spine, sometimes worse in lumbar region, with great heat and burning, | Kalmia.
- on turning or moving head, pain in spine of neck into brain, | Lach.

SPINE.

- Pain**, pressure on spine of neck sends pain to brain, | Lach.
 — extends to extreme end of spine, Ustilago.
 — as if in the spinal marrow extending through coccyx, Lactu-v.
 — very great pain behind and above right hip on a small spot near spine; worse walking, had to sit down, Ars-h.
 — in lower part of spine, Aur-m.
 — in lumbar region of spine, followed by apoplexy and paralysis, | Bary-carb.
 — extends down spine, | Coccul.
 — sensitiveness of vertebræ to touch, but cannot locate pain, | Coccul.
 — in spine, better by lying on something hard, | Nat-m.
 — between shoulders and along spine, | Nux-m.
 — periodically returning insupportable pains in spine, preventing walking, | Phos.
 — and stiffness down spine, with inclination to bend forward, as if had to sit up straight, Physos.
 — down part of spine, across hips and down thighs, with difficult urination, Sarsa.
 — in spine, preventing sleep, Con.
 — in third cervical vertebra, | Fluor-ac.
 — in cervical spine, in influenza, | Cepa.
 — in spine, attending curvature, Æsc-h., || Sil.
 — in spine, with depression, | Naja.
 — in spine, worse stooping, | Agari.
 — in spine, streaking up and down, | Phyto.
 — in spine, like a weight, worse on lifting, | China.
 — in fifth and sixth vertebræ, Aspar.
 — in spine, cannot walk erect, must stoop, Can-in.
 — in spine, as if tired, in lumbar vertebra in morning, Kreos.
 — sudden in fourth and fifth dorsal vertebræ, to right side of chest and shoulders, Brach.
 — in middle of spine on swallowing, as if a sharp crust was sticking in an inward direction, | Caust.

SPINE.

- Paralysis** of spinal cord, | Con., Crotal., Eucal., Sec., | Phos.,
 | Sil., | Nat-m., Helleb., | Kali-ph., | Rhus, | Ars.
 — of limbs from spinal softening, Stram.
 — progressive paralysis of spine, with partial contraction of
 affected muscles, anæsthesia and increased heat, | Phos.
 — congested state of paralysis of spinal cord, with tetanic spasms,
 | Physos.
 — partial paralysis from weakness of spine, | Nat-m.
 — of lower third of spine, | Ars.
 — myelitis: painful paralytic weakness in upper and lower
 limbs, | Ver-a.
 — of spine, with tetanus, Kali-nit.
 — spinal irritation, paralytic symptoms, cold feet and constipa-
 tion, || Sil.
 — of spinal cord, from exhaustion, | Nux-v.
 — exhaustion from drainings affecting nerve-centres, | Kali-p.
 — of spine in infants, | Rhus.
 — of spine from exhaustion by sexual excesses, | Kali-br.
 — of lower third of spine, | Ars.
 — of spine from inflammation, Oxal-ac.
 — of spine from decay of anterior portion, Mang.
Paraphlegia, | Gels.
Pinching near lowest portion of spine, | Carbo-v.
 — pain in middle of spine, Phos-ac.
Plug, pain near spine, as if a plug were forced inward two inches
 below left scapula on stooping, Prunus.
 — pain, as from a plug in right side, near middle of spine, and on
 pressure pain as in a wound, Plat.
 — a feeling as of a plug sticking in spine, and any motion causes
 pain as if plug was sticking still further into body, Anac.
Potts' curvature, | Sul., | Calc-c., | Calc-ph.
Pollution, spine affected after pollutions; excessive weakness
 shows itself in the legs, | Sabad.
Pressing sensation passing up and down through spine while
 sitting erect, Spong.

SPINE.

Pressure, great sensitiveness of cervical vertebra to pressure,

| Arn.

— spine tender on pressure, Plant.

— pain as from a plug in right side near middle of spine, and on pressure pain as in a wound, Plat.

— drawing, very acute pain in right side of spine opposite liver, especially on inspiration, Ruta.

— along spine while walking in open air, disappearing while sitting and standing, Mur-ac.

— pinching, pressing near lowest portion of spine, | Carbo-v.

— spine painful on pressure at all stages of fever paroxysm, || Chin-s.

— sensitiveness of last cervical and first dorsal vertebræ to pressure, || Chin-sul.

— aching soreness in all the vertebræ ; worse by motion and by pressure on spinous processes, | Chel.

— dyspnœa caused by pressure on upper three dorsal vertebræ, | Chin-s.

— of finger between vertebræ causes patient to wince, | Physos.

— spinal irritation, better by lying flat on back with firm pressure, | Nat-m.

— dorsal region of spine tender to pressure, Plumb.

— from spine to stomach before breakfast, Nat-phos.

— and stitches in region of spine, Nit-s-dulc.

— great tenderness on pressure over posterior spinous processes of all cervical and first four dorsal vertebræ, | Coloc.

— on spinous processes of first three cervical vertebræ worse or brings on neuralgic attacks, | Coloc.

— drawing pressure between right scapula and spine, Bell.

— on spine of neck sends pain to brain, | Lach.

— in spine during deglutition, Kali-c.

— spine sensitive to slightest pressure, which causes outcries and raving, Stram.

— severe spinal pains, worse from pressure, | Merc.

SPINE.

Pressure, oversensitiveness of spine to touch or upon pressure,

 | Nat-m., Tell., | Sep.

— in right side, near spine, Zinc.

— spinal irritation, great sensitiveness between vertebræ, sits sideways in a chair to avoid pressure against spine, | Therid.

— abortive eructation, with pressure in middle of spine, Zinc.

— on spine above lumbar region, with rheumatic drawing in neck, Sep.

— in spinal process of seventh dorsal vertebra, Ginseng.

Pressive pain in spine between the scapulæ, with short breath, worse on respiring, with pain in spinal vertebra on being touched, Calc-c.

— squeezing, pressive pain beside the lowest part of spine, Carbo-v.

— stitches along spine, mostly in sacrum, with dyspnœa, Tarax.

Pricks, violent, as from needles in middle of spine, almost causing him to cry out on taking a walk in open air, somewhat better by standing, Calc-c.

Pricking up and down spine, Jug-cin.

— weakness in dorsal region of spine, with intermittent prickings, Raphanus.

Prostration, spinal irritation, numbness in lower extremities, with great prostration, | Zinc.

Pulsation in the spine when sitting, Thuja.

— a dull, pulsating pain close beside the middle of spine, Mez.

— extending from neck down spine to lumbar region in P. M. while sitting, Curare.

— painful pulsation in spinal canal, Agari.

Purple, discolored band two inches wide along each side of spine, Chloral.

Raised, cannot bear to be raised up, and cannot raise herself in bed because of severe pain in spine, very little sleep, | Lach.

Rheumatism of spine, | Phyto., | Dulc.

— of spine, pain passes up neck to occiput, | Phyto.

— of lower cervical vertebra, | Sil.

SPINE.

Rheumatism, multiple sclerosis from fright and rheumatism, Tarant.

— in upper cervical vertebra, with stiffness of neck, | Cal-c.

Rheumatic affection of spinal cord, | Dulc.

— spinal irritation, Caustic., Bar-carb.

— tensive pain in spine, Zinc.

Rigidity of spine, || Bell.

— of spine great, | Lob-c.

— of spinal column in periodic attacks, accompanied by pains through whole chest, Cepa.

Rising, violent pains in spine, as from sudden rising after long stooping, | Arn.

— painful stiffness of spine in morning on rising, with indolence and heaviness of legs, Calc-c.

Rumbling inside along spine, Sul.

Sclerosis, lateral, | Nux-v., Crotal.

— posterior, Plumb., | Sil., Pic-ac.

— multiple, especially in beginning, with gastralgie attacks, vertigo, etc., | Nux-v.

— multiple, Arg-n., Bar-c., Bell., | Calab., | Caustic., Crotal. Gels., Ign., | Nux-v., Oxal-ac., || Phos., | Pic-ac., | Plumb., | Rhus, | Sil., Tarant.

— multiple, from fright and rheumatism, Tarant.

Sensitive, cervical vertebra very sensitive to touch, | Hyper.

THE REPERTORY OF THE BACK.—In answer to the numerous inquiries concerning this repertory the Editor desires to state that it is only about half completed. There are several sections to be added, such as Lumbar, Sacrum, etc. The whole is being reprinted that a separate book may be made of it, when it can be procured in this office.—ED.

THE ORGANON AND MATERIA MEDICA CLUB OF THE BAY CITIES OF CALIFORNIA.

The Bay City *Organon* and Materia Medica Club was called to order by the President October 1st, 1897, at 8.30 P. M.

The members present were Drs. J. M. Selfridge, G. H. Martin, Augur, Holmgren, and Manning.

The minutes of September 17 were read, and, after corrections in the wording, were approved.

Dr. Manning then read a paper upon the "Second Caution of Hahnemann," giving the latter's views in the words of the former.*

This caution was directed against carelessness and laziness. It was then shown how necessary it was for a homœopath to be exact in his prescribing, and that it could only be accomplished by close study and work. So much depends upon the proper selection of the remedy. Two causes were named as proving laziness and against exactness. First, the repertory, which was spoken of as valuable if used correctly, and to be used correctly it must act as a guide to study and research, but must not be relied upon entirely. Second, the modern tablet was also mentioned as favoring carelessness and polypharmacy. Several formulas as advertised by pharmacies were mentioned, and the question asked as to how they differed from a prescription of the regular; also objection was made to them on account of their impure manufacture.

DISCUSSION.

Dr. Selfridge—The paper hits pretty hard. I think we ought not to let it pass without putting ourselves on record

* See THE HOMŒOPATHIC PHYSICIAN for May, 1898, page 211, last line, and page 212 and following pages.

regarding the tablet. I never use them, because you cannot rely on their purity. There should be glass molds, pestles, slabs, etc., for each remedy, if we adhere to our doctrines, yet this care is not used. The molds from their shape are almost impossible to clean. Tablets are also aids to polypharmacy, as the doctor says. Moreover, they are used by allopaths to disguise their prescriptions.

Dr. Martin—I never use them.

Dr. Holmgren—A pharmacist informed me that they used acacia to cause the triturate to keep its shape, and talcum to dust the mold.

Dr. Selfridge—All such things are an injury.

Dr. Martin—Another mistake we make nowadays is in slighting Homœopathy. In earlier days if a physician made a cure he did not take the credit of the cure, it was due to Homœopathy.

Dr. Augur—So many like to have a physician who claims to practice both systems; and so many do claim it. I think the almighty dollar is at the bottom of it all.

Dr. Martin—It is our duty to train our patients. I always endeavor to train mine, and they know whether a doctor is a homœopath or a pretender.

At the close of the discussion Dr. Geo. H. Martin and Dr. Guy E. Manning were appointed essayists for the next meeting to continue the discussion of *Chronic Diseases*.

Adjourned on motion.

GUY E. MANNING,
Secretary.

The natives of a village about fifty miles from Mexico have taken a genuine Indian method of stopping the spread of small-pox, which appeared among them. The first man to take the disease was beaten to death, and they set fire to the house.

THE ORGANON AND MATERIA MEDICA CLUB OF THE BAY CITIES OF CALIFORNIA.

The *Organon* and Materia Medica Club was called to order by President J. M. Selfridge December 3d, 1897, at 8.30 P. M.

Those present were Drs. J. M. Selfridge, Holmgren, Augur, and Manning.

The reading of *The Organon*, Sections 21 to 28, was continued.

Sec. 21 was stated to be a pleading for proving of drugs.

Section 22:

Dr. Augur—I do not understand his meaning a patient is not conscious of drug disease.

Dr. Selfridge—The line of argument is you cannot know what a drug will do or what produce until it has been proved. Proving is the only way of finding out.

Dr. Augur—I do not know how he can use the term “artificial symptoms” when there are none in a proving.

Dr. Selfridge—Perhaps it is a wrong term, but if we go back to his term “disease force,” then we can see his point.

Section 24:

Dr. Manning—Do you consider that a cure is ever performed except homœopathically?

Dr. Selfridge—No; there may be a palliation, but not a cure.

Dr. Manning—Then no cure takes place unless the proper remedy has been given.

Dr. Selfridge—Cures exist from no medicine, but the proper remedy will always cure.

Discussion then ended, followed by a paper “A Case of Jaundice,” by Dr. Selfridge.

Adjourned on motion.

GUY E. MANNING,
Secretary.

A CASE OF JAUNDICE.

J. M. SELFRIDGE, M. D., OAKLAND, CAL.

On the evening of November 22d, 1896, I was called to see W. T——, a tall but not fleshy man, aged 69 years.

I was informed that he had been sick six weeks, under the care of Dr. R——, of Oakland, an allopath of good professional standing, who had done everything he knew, and proposed to the patient to do a surgical operation as the only means of relieving the obstruction in the bile-duct, as he told me afterwards, to start the bile, but failed. During these weeks of purgation, etc., he had become very weak, and when I saw him he was in bed, without strength to sit up. The conjunctivæ were yellow, and the skin a light colored bronze, his urine the color of black coffee, and his stools the color of clay. They were long and slender, like pipe-stems, and were evacuated with much straining. The liver was enlarged, and there was some tenderness on pressure. There was loss of appetite, and when he took anything into his stomach he could retain it but about half an hour, when he was obliged to vomit it. He was cheerful, but his mind was sluggish and his sleep disturbed by horrible dreams.

Treatment.—The inability to keep anything on his stomach longer than half an hour was the keynote to the remedy indicated. Then, again, another very unusual and peculiar symptom was the stool—long and slender like pipe-stems, and voided with much straining. Now, so far as I know, there is but *one* remedy in the materia medica that has the peculiar vomiting already mentioned, accompanied by such a contraction of the internal sphincter that stools are forced through like pipe-stems, with great straining. Graphites has “very thin stools like round worms,” Alumina has stools like

pipe-stems, but they do not have the characteristic vomiting and icteroid symptoms like Phosphorus, which in this case was the remedy, and it was administered in the 200th potency in water, a teaspoonful every two hours, except when asleep.

November 23d I found my patient about the same, except that he did not vomit so frequently. Daylight, however, revealed another symptom. The appearance of his gums satisfied me that he had been taking massive doses of some form of Mercury, and I so informed him. He thought not—"Doctors did not salivate people nowadays." He said the doctor had been giving him some small tablets for about a week, but he did not know what they were. To satisfy myself I telephoned the doctor that evening, and asked him what those tablets contained that he had been giving Mr. T——. He answered very promptly Calomel.

November 24th I found my patient entirely relieved of the vomiting, but there was no doubt of the fact that he was salivated. His gums were not only red, swollen, and spongy, with fetor of the breath, but the saliva was flowing freely—he had saturated six handkerchiefs during the night. Now, although Phos. has much watery saliva in the mouth, saliva increased, etc.; still, on account of this medicinal disease, I felt obliged to omit the otherwise indicated remedy and give a remedy for the Mercury. After a little thought I gave Nitric-acid 6x in water, every three hours a teaspoonful, except when asleep. This remedy had to be continued sixteen days before the symptoms of salivation had disappeared sufficiently to resume the remedy indicated for the jaundiced condition. December 13th he still had the pipe-stem stools, voided with much straining, which, with the other symptoms, indicated Phos. as the remedy, and it was again administered every three hours. For food he could take only malted milk and meat juice. In a week the urine began to grow lighter colored and the stools to show the presence of bile, and as

the sphincter became relaxed the form of the stool changed, and there was less straining. By the 28th every symptom of his former illness had disappeared, except the color of the skin—the pigment was still tinged with bile.

AN INQUIRY INTO THE LOGICAL BASIS OF THE GERM THEORY.

M. R. LEVERSON, M. D., FORT HAMILTON, L. I., N. Y.

(Paper read before the Homœopathic Union Brooklyn, April, 1898.)

For the purpose of investigating the logical basis of any theory, it is essential that that theory should be considered in the very words of its author, wherever that is possible. I therefore propose to consider the germ theory in the words of Dr. Fraenkel according to the “fixed and definite rules laid down with exactness and precision by Koch.” (See *Text Book of Bacteriology*, by Fraenkel, translated by Dr. J. H. Linsley, edition of 1891, pp. 150-1.)

These rules, as stated by Dr. Fraenkel, are; that for a micro-organism to be recognized as a specific agent in the production of pathological alterations it should fulfill three conditions, as follows:

“First. It must be proved to be present in all cases of the disease in question.

“Second. It must further be present in this disease and in no other; since otherwise it could not produce a specific definite action.

“Third. A specific micro-organism must occur in such quantities and so distributed within the tissues that all the symptoms of the disease may be clearly attributed to it.”

The first of these conditions constantly assumed present by the bacteriologists is true only by giving a name to a condition presenting certain symptoms, and excluding conditions which, though essentially alike, may present different symp-

toms; and even then the presence of such condition cannot be asserted in every instance of the finding of such micro-organism.

The error in this case arises chiefly through the use of a nosology by the old school which has little reference to the real morbid condition. The true homœopath will readily appreciate this objection, but it will have little weight with persons habituated to the prevalent system of nosology, nor is it necessary for my present purpose to insist upon it.

But the second of the above "conditions" has not been secured with regard to any of the so-called germs.

The same objection applies to the third condition, with the additional objection that it begs the whole question by assuming that symptoms may be "clearly attributed" to a specific micro-organism as a cause.

Neither the second nor third conditions has ever been attained, and from the nature of the case it seems impossible that either of them ever should be; nevertheless the bacteriologists, from Koch downwards, continually argue by assuming their existence in every case in which they have desired to set up bacterial peccancy; and yet Professor Crocq assures us that the supposed cholera bacillus is often found accompanying typhoid fever, a simple stomach ache, and even perfect health. (See his address before the Belgian Academy of Medicine, March 30th, 1895.)

Mr. Bouchadat, an advocate of vaccination, stated before the French Academy: "The system of Pasteur, that every contagious and virulent disease has for its cause a microbe, a pre-existent specific germ floating in the atmosphere or deposited on the earth, apparently true in some, fails in many well defined cases." He then specified hydrophobia, syphilis, typhus, cholera, small-pox, typhoid, yellow fever, and the plague, of which the supposed microbe has been disproved!

But even if all the conditions prescribed by Koch's three rules were complied with, they would be insufficient, logi-

cally, to establish the conclusion drawn from their supposed presence. It must be remembered that the inoculation of so-called germs into a human or other living body is an entirely different process from that which occurred when they have been found in a condition of disease. The conditions are so entirely different that one is at a loss to account for their confusion. But, further, even the inoculation is defective. These supposed germs being cultivated in certain media, are so inseparably intermixed with their respective cultures and the poisons produced therein, that it is impossible to determine whether the so-called germs or their accompaniments produce the diseased conditions that follow the inoculation. Koch, Pasteur, Fraenkel, DeBary, Pruden, and their numerous disciples must add another rule to the "three fixed and definite rules laid down with exactness and precision by Koch" before any, even a mere tyro, in logical reasoning can accept their conclusions. Not only must "the germ in question be proved present in all cases of the disease in question," according to the second of the Kochean rules, but all other sufficient causative matters and conditions must be absent.

This no manipulation has been able to effect, and all that bacteriology has really shown is that certain so-called germs do often accompany certain diseases, but whether as cause or effect remains at present unknown, with a great preponderant probability in favor of the latter, while as Professor Crocq has shown they are often present in the organism without any disease.*

An example almost daily presented to the practicing

*In *Origines Épidémiques*, a work I have only just come across, (Nancy A. Nicolle, publisher, 1896,) Dr. H. Boucher, of Saint Servain, France, completely overthrows the "germ theory." He shows that the so called germs are almost always, when present, the *products*, not the causes of disease, and that organic fermentation together with climatic conditions, acting on susceptible cases are the true causes of disease.—M. R. L.

physician ought to guard him against coming to any conclusion in favor of the bacterial origin of disease.

One or other form of the staphylococcus or streptococcus has always been found in pus; so much so, that Fraenkel has been led to assert, "The fact that the staphylococcus is not a regular and harmless concomitant of purulent inflammatory processes, but their cause, has been demonstrated (?) by successful transmissions." (Fraenkel's *Bacteriology*, by Lindsley, p. 323.) Yet two pages earlier (p. 321) he stated: "The investigations of Scheurlen, Steinhaus, Kaufman, and especially Gravity and De Bary, leave us no longer in doubt as to the fact that many germ-free chemical substances (such as Nitrate of Silver, Oil of Turpentine, Liquor Ammonia, Caustici, Digitaline, Cadaverine, etc.) can produce an acute suppuration in the subcutaneous tissue."

Now in the very common occurrence of sporadic cases of boils and carbuncles, without any other apparent diseased condition, if these germs are the cause thereof, how did they get into the body to produce suppuration? If, as alleged by some, they are always present in the air, what determines them to cause suppuration once in a while, in this or that individual, while at other times he feels no ill effects? This reasoning is specially forcible with regard to the deeply seated carbuncle; and why the staphylococcus should cause a boil to-day, or in one person, and a carbuncle at another time or in different persons, or why sometimes anthrax should be present with carbuncle and only the staphylococcus or streptococcus at other times, are questions which no bacteriologist has attempted to answer; and until full answers are given to these questions, the theories of Koch, Pasteur, and their followers remain the barest assumptions.

Nor should it be forgotten that with regard to many of the so-called germs, evidence is lacking to prove that they possess life or are capable of reproduction, either by sporulation or segmentation.

M. Chavée Leroy, of Claremont (France), and Dr. Ed. Fournié, the learned editor of the *Revue Medicale* of Paris, have raised grave doubts upon these questions.

As occurring in fact then in inoculations the so-called germs are intermixed inseparably with other things unknown both as to quality and quantity and, so intermixed, are injected by, or inoculated into living beings.

Let us now reduce the theory of the bacteriologists, as by them applied in practice to the form of a syllogism, and by so doing the real logical basis of that theory will be more readily perceived.

Certain germs under certain conditions (*i. e.*, such as just mentioned) produce certain diseases;

Or, some A's are B's.

Such diseases occur under these conditions, and under other (unknown) conditions;

Or, some B's are C's.

Therefore, all such diseases are caused by the germs, or all C's are A's!

In view of such logic would it not be in order to require candidates for the degree of doctor of medicine to pass a satisfactory examination in the art of reasoning as a condition of graduation, if not even of entering a medical college? At least,—that is—if any examination is to be insisted on as preliminary to the practice of the art of healing.

A story goes, that an old Irish doctor who had diligently studied all the chemisal, physiological, and biological medical theories of his day, accepting with ardor every new theory as it arose, had all his convictions disturbed by the rise of the germ theory, which he was unable quite to accept. Walking one day on the road to Limerick, his Olfactory organs were assailed by the odoriferous emanations which, with a revival of his youthful love of investigation, he soon traced to the decomposing carcass of an ass. Following up the bent given to his mind in youth, he at once resolved on pursuing a closer investigation, and he soon discovered that the cadaver teemed

with *maggots*. At once his mind was illuminated, his past doubts were swept away, the germ theory in all its beauty became clear to him as a revelation! "Poor baste," said he, compassionately, "sure 'tis aisy to see what ailed him; 'tis the *maggots* kilt him sure!"

History is silent as to the Medical College from which our hero graduated!

The animal man, the physical body, needs to be supplied with air, water, food, exercise and sleep; without a supply of each of these life can be sustained only for a short period. These may all be supplied, but unsuitable in quantity or quality. The food may be bad food, or deficient or excessive in quantity; the water may be unwholesome; the air may be impure, the exercise may be insufficient or excessive; rest and sleep may likewise be so. The human being subjected to any of these defective conditions cannot be healthy. He may grow, he may become adult, but his growth is unhealthy, and he develops a weakly constitution. He is in a diseased condition, ready to fall a prey to any noxious influence which may present itself. It is probable that then may be produced or developed in him the bodies which the skill of the microscopist has detected, and to which with singular lack of logic he has ascribed miraculous causative powers; being in part seduced into this bad logic by the practice of giving names to diseases as though each was a specific entity, the folly of which was, I believe, first laid bare by the illustrious Hahnemann. The deficient, excessive, or ill-adapted food, water, air, exercise, or rest, impoverishes the blood, which thus fails to nourish the organs of the body, whereby these are rendered incompetent to perform their allotted functions. The organs of secretion and of excretion act imperfectly, and the blood becomes loaded with poisons which the proper organs had failed to eliminate. Now nature makes a supreme effort and seeks to get rid of the poison through the skin by means of one of the exanthems. One of these, and generally, as was truly said by Sydenham

the mildest and safest, is small-pox, which acts as a safety-valve; as evidenced by the fact that years of greatest small-pox are usually years of least mortality. If, then, these conditions be got rid of, which tend to impair the action of the various organs of the body, the real cause of disease is removed. Thus science, after divarications innumerable by her pseudo followers, brings us back to the plain teachings of common sense, viz., that the only true prophylactic against any and all disease is health, and the removal of the conditions which weaken vitality is the only mode by which health can be preserved.

Investigation into the logical basis of the germ theory is thus seen to show THAT THERE IS NONE!

But let me here guard against an erroneous conclusion which some might draw from the foregoing argument.

While there is absolutely no demonstration of the causative function of germs, nor even of probability in the germ theory, neither is the contrary proved or asserted.

In the absence of knowledge upon the subject possessed, not merely by the ordinary physician, but by the highest real or supposed authorities, the only course open to the true man of science is "to hold his judgment in suspense." The building up of medical practice on the assumption of such theory is unwarranted—its dogmatic enforcement is a crime.

AFTER FISH EAT CHEESE.

B. FINCKE, M. D., BROOKLYN.

Once upon a time there lived in a small town in Germany a good old doctor who was called up in the night. He opened the window, and the servant of the gracious lady living in the castle on the hill shouted up to him that he was wanted immediately. But the doctor, frequently called for nothing particular, shouted down: "What has she eaten?"

"Fish!" was the answer. "Tell her to eat cheese!"* shouted the doctor down again, closed the window and went to bed. Next morning the servant came to tell the doctor that the lady had died that night. "Has she eaten cheese?" asked the doctor. "No," said the servant. "The gracious lady was greatly indignant at your language, and then she died." Now in the German language only men do eat, but not animals; they are said to "fressen," *i. e.*, eat greedily. The fact was the doctor was indignant at the old lady for overeating herself with fish, and used the rude expression in German, "Sie soll Käs fresse," which cost the lady's life.

From this veritable story the moral is to be drawn:

1. Do not eat too much fish at once.
 2. If you do, eat cheese to help its digestion.
 3. The ptomaines are not in the fish, but in the heads of ignorant doctors.
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PHOSPHORUS—A PECULIAR SYMPTOM.

F. H. LUTZE, M. D., BROOKLYN, N. Y.

Mr. F. D. T., æt. 65 years, a real estate agent, called on November 6th, 1893, to be treated for the following symptoms:

Objective: Face sallow, cheeks tinged slightly red.

The "whites of eyes" of a dead white color, lustreless, pupils contracted, vision fairly good.

Ears throughout like yellow wax, translucent.

Subjective: He cannot walk one-half block without being compelled to stand still, hold on to something, and gasp for breath; ascending stairs well-nigh impossible for the same reason; he has to stand still and gasp for breath at every third or fourth step.

Besides this dyspnœa, he has a trembling spell every even-

* "Sie soll Käs fresse" in German.

ing after retiring to bed and before sleeping which extends over the whole body. Making a tremulous motion with my hand, I asked him if it was like that, and he answered me yes.

He did not sleep very good after midnight until toward morning.

The appetite is fair, thirst, but drinks only a little at a time; stools and urine normal.

Most of these symptoms had been present for eight or ten years, the trembling spells for at least fifteen years, but all have become worse of late.

He received Ars. 30 or 200 at intervals for three weeks, without any perceptible change, though he imagined that he felt a little better. All the symptoms remained unchanged.

About 8 A. M. December 6th, I received a call to come as quickly as possible to Mr. T., for the family thought him dying.

On my arrival I heard this: Mr. T. had retired to the bathroom, and when he remained there such an unusual long time Mrs. T. went in there, and found him sitting, with body bent forward and vertex of head resting on edge of bathtub, breathless and pulseless as far as she could discover and the face ghastly.

They carried him to a room and placed him on a couch, where he was lying when I arrived, apparently as well as ever.

I concluded that Ars. was not the simillimum, and plied him with questions for a long time to discover symptoms for a new prescription, but in vain. Then turning toward a table to put up some medicine Mrs. T. called: "Doctor, look around quick; he has one of his trembling spells!"

It was not a trembling spell, as I had been led to believe. He was lying on his back, was jerked up violently and fell down again on the back, the motion resembling very much those during sexual intercourse.

This symptom I had seen in Dr. Allen's *Handbook of Materia Medica* under Phosphorus, Sleep: ". . . and falling

asleep, sudden starting up with irrational talking, or during sleep with erotic ecstasies, or lascivious dreams; also with automatic movements as in sexual intercourse."

R. Phos. 200, 4 powders. When he called the next time the improvement was visible, and he received December 15th Phos. 45m., 2 powders.

December 25th. The trembling (jerking) spells have almost entirely ceased; he feels wonderfully improved and looks it. R. Phos. cm., 2 powders.

He did not call again until about six months later. Improved to such an extent that I did not recognize him at first, and he declared himself completely cured and imbued with new life and vigor.

PHOSPHORUS—A PECULIAR SYMPTOM.

J. B. CAMPBELL, M. D., BROOKLYN, N. Y.

In September, 1896, was called to Mr. L., a hard drinker, aged 48 years, who had just had two epileptic seizures about fifteen minutes apart. I arrived in time to see him in a third attack. He had all the usual appearances. The aura seemed to be accompanied by a pain in the chest, becoming more severe as the attack approached. There was much darting of the tongue and licking of the lips.

He would answer questions during this stage, but after a while his glance became vacant and then the convulsions suddenly seized him. The face was dark purple, eyes turned violently upward, chewing of the tongue; tonic, changing to clonic spasms.

The most peculiar feature of the case was the termination of the convulsive attack. The muscular motions seemed to centre in the hips, which were jerked violently up and down, having exactly the same appearance as at the completion of the sexual orgasm.

Having in mind the symptoms of a case described by Dr.

F. H. Lutze in a paper read before the Brooklyn Hahnemannian Union, in which Phos. had relieved similar jerkings, I rapidly reviewed the features of the case and gave that remedy. There were no more convulsions, the patient recovered, and has had no return.

Acon., and some other remedy which I do not now remember, had been given between the first few attacks; but the Phos. was followed by a return to consciousness and a disappearance of all convulsive and other symptomatic manifestations.

THE VACCINATION PAPERS OF DR. LEVERSON.

In the March number the Editor of this journal requested the opinions of the profession upon the vaccination papers which have been continued in this journal during a year and a half past.

A number of replies have been received, from which the following have been selected as indicating the tendency of opinion in the profession.—EDITOR.

THE VACCINATION PAPERS APPROVED.

NEW YORK, April 26th, 1898.

DEAR DR. JAMES:—By all means let us have all there is to say on vaccination, especially the papers of Dr. Leverson.

Yours truly,

THOMAS M. DILLINGHAM.

[Dr. Dillingham is the President of the International Hahnemannian Association.—ED.]

VACCINATION PAPERS SHOULD BE CONTINUED.

LIVERMORE FALLS, ME., April 29th, 1898.

EDITOR HOMŒOPATHIC PHYSICIAN:—In your March number you invite members of the profession to give full and free expression of views upon the further publication of evi-

dence upon the subject of vaccination. For one I desire to express the hope that these articles will continue—that is, if we are getting a thoroughly reliable abstract of the testimony.

To many of us these facts are not otherwise easily accessible, and we cannot be too well prepared to face our opponents in their efforts at compulsory acceptance of this, “their joy and their pride,” the sole relic of ostensible usefulness.

Sincerely yours,

C. H. OAKES.

VACCINATION PAPERS SHOULD BE IN EVERY NUMBER.

BROOKLYN, April 30th, 1898.

WALTER M. JAMES, M. D., Phila.

DEAR DOCTOR:—Every good homœopathician is grateful for your publication of the extracts from the report of the Royal Commission on Vaccination, and I for one wish you would devote eight or ten pages in every number of *THE HOMŒOPATHIC PHYSICIAN* for that object. Who reads the English blue book? If those objectors do not like it, they need not read it, but the matter is of such importance that a few dissenters in our ranks do not count.

Yours fraternally,

B. FINCKE.

THE VACCINATION PAPERS OF PRACTICAL AND IMMEDIATE VALUE.

BROOKLYN, N. Y., May 7th, 1898.

EDITOR OF THE *HOMŒOPATHIC PHYSICIAN*:—In response to your invitation in March number of *HOMŒOPATHIC PHYSICIAN*, kindly permit me to say that Dr. Levenson's

abstracts are of practical and of immediate value in a matter of the highest importance to the homœopathic profession and the public.

They are proving a valuable educational force, and will in the future be of even more force than now.

The vaccinal theory in regard to the so-called germ and zymotic diseases is receiving wide attention at the hands of the old school, and, I regret to say, that many of the homœopathic profession are deluded by the specious pleas put forth. Especially is this the case in "Pasteurism," and more particularly with "Anti-toxins" for hydrophobia and diphtheria.

F. DOBSON, M. D.

THE VACCINATION PAPERS NEEDED.

CHICAGO, May 13th, 1898.

DEAR DR. JAMES:—In the March number of THE HOMŒOPATHIC PHYSICIAN, page 95, is something surprising. That old-school physicians should object to this literature we naturally expect, but the homœopathic physicians who object surely need more light. From my standpoint vaccination is the crowning curse of this century; that it lays the foundation for innumerable diseases, and is one of the elements that enter into cancer, and it explains to a great extent the rapid spread of that hideous disease, I know if I know anything. I do not know whether our homœopathic brethren are aware of the fact that some forms of leprosy are also rapidly spreading in this country. To me it is an alarming fact, and I attribute its spread almost wholly to vaccination. These may be small matters and unworthy the attention of the profession, but I do not so see it.

Very respectfully yours,

E. W. SAWYER.

THE VACCINATION PAPERS OUGHT TO BE WEL-
COMED.

INDIANAPOLIS, INDIANA.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN:—Noting your request for opinions regarding the continuance of articles on vaccination, I wish to record my approval of them, and hope the entire subject will be thoroughly ventilated. Surely the vaccinationists, who are so confident of the efficacy of their pet, ought to welcome the fullest investigation of its merits, that it will shine all the brighter if it emerges unsullied. It is, as the motto of your journal puts it, "He is a freeman whom truth makes free, and all are slaves beside." "Seek the truth, come whence it may, cost what it will."

W. B. CLARKE, M. D.

BOOK NOTICES.

ELEMENTS OF LATIN. For Students of Medicine and Pharmacy. By George D. Crothers, A. M., M. D., Teacher of Latin and Greek in the St. Joseph (Mo.) High School; formerly Professor of Latin and Greek in the University of Omaha; and Hiram H. Bice, A. M., Instructor in Latin and Greek in the Boys' High School of New York City. $5\frac{1}{4} \times 7\frac{1}{2}$ inches. Pages xii-242. Flexible Cloth, \$1.25 net. The F. A. Davis Co., Publishers, 1914-16 Cherry Street, Philadelphia; 117 W. Forty-second Street, New York City; 9 Lakeside Building, 218-220 S. Clark Street, Chicago, Ill.

This excellent little book is especially designed for students whose early training in Latin has been neglected.

It is arranged so as to give in the "briefest possible compass those principles of

Latin etymology and construction which are essential to an intelligent use of the terminology of pharmacy and medicine." Of course those who take up this little book need not expect to find in it a preparation of the student for the enjoyment of the literature of the Latin language. It is intended solely to prepare the student for the understanding of and making familiar with the intricate names found in anatomy, botany, and materia medica.

The author, in his preface, thinks that half the difficulty found in anatomy is due to the intricacy of the names given to the different parts. If these be understood by a careful study of the exercises in this book, the mastery of the science of anatomy is made more certain.

In this book there are exercises on special subjects. The author calls attention to several of these: as the eye; the ear, obstetrics, and surgery.

A chapter on prescription writing is given, which is very instructive. There is a list of anatomical proper names with their origin.

We cordially recommend this book to all earnest students who desire to be well educated in the science and art of medicine.

THE RATIONAL TREATMENT OF GASTRIC AND INTESTINAL DISORDERS. By Charles Marchand. Second edition. New York. 28 Prince Street. 1898.

This little pamphlet contains abstracts of scientific articles by various contributors to medical literature:

It contains such articles as rational treatment of gastric and intestinal disorders, with a statement of the proper requirements of an antiseptic. These requirements are fully met by hydrozone, which has been mentioned in these pages before, and the advertisement of which may be found in this number.

Its value in the treatment of yellow fever, typhoid fever, cholera infantum, and Asiatic cholera is fully set forth.

Its use in the treatment of chronic gastric catarrh is fully given, and its use, even in treatment of insanity is given. According to this article, "there is no more prolific source of insanity than auto-infection."

To meet this condition intestinal antiseptics must be rigidly enforced, and for the accomplishment of it, hydrozone, in a three per cent. solution, must be administered.

Chronic gastritis and chronic catarrh of the stomach are treated successfully by the use of hydrozone, and the same is true of the entero-colitis of infancy.

Those who are interested may secure a copy of this little work by writing to the author, Mr. Charles Marchand, 28 Prince Street, New York.

THE AFRICAN COLONIAL ENTERPRISE: EXPERIMENTAL STAGE. Organizer and General Director, J. Albert Thorne, M. B., C. M., 22 Devonshire Street, Portland Place, London, W., England. Temporary Office of

the Committee, 1541 Thompson Street, Philadelphia, Pa.,
U. S. A.

This pamphlet is an appeal to the friends of the African race in Great Britain and the United States to subscribe funds to bring about a return of the Negro race to its fatherland, Africa.

There are three principal reasons for thus advancing this idea to full accomplishment. First, because the African in civilized countries having the necessary religious knowledge is capable of spreading evangelical knowledge among the savage tribes of Africa, and these tribes are more likely to accept it from those of their own race.

Secondly, because these tribes show a manifest disposition to receive the enlightened men of their own race who may come among them; and,

Thirdly, because their residence among whites has become intolerable by reason of the disabilities, social and political, under which they live, and they are unwilling longer to endure them.

The plan to accomplish their purpose is to acquire 10,000 acres as a basis and to settle upon this tract 100 families carefully selected and well-trained in various branches of industry. The land is to be divided into ten sections of 1,000 acres each, and upon each section ten families are to be planted. Upon each section employment is to be given to at least 100 natives, who are to be properly trained. A fund is to be raised to enable the settlers to reach their destination, and to be maintained for three years. During this period each head of a family is to receive food and clothing for himself and family. At the end of the third year \$144 will be given to each head of a family, as it is deemed likely that by that time they will become self-supporting. This arrangement to continue until the seventh year, when the land will be equally divided among the settlers. The place chosen is in British Central Africa, nearer to the east coast than the west, the climate found there being quite healthy. The sum of \$120,000 is needed to inaugurate the work. As soon as this sum is collected the author of the pamphlet under review, himself a full-blooded African, will start for the promised land on the "Zambesi" and establish the colony.

It is the firm conviction of the author that "Africa is the only country in the world where his race will ultimately be respected as a race, because it is there only that they can ever hope to hold their own successfully, and with any true dignity against competitive races."

Toward the accomplishment of this purpose, a great one from every point of view, contributions are solicited, which will be carefully administered and fully accounted for by the committee having the matter in charge.

CHRONIC GASTRITIS.

BY LOUIS A. KENGLA, M. D., SAN FRANCISCO, CAL.

A report of a very severe case of gastritis was freely copied in medical journals during the year 1896, in which glycozone was successfully used.

At that time, J. W., aged 38, a blacksmith, came under my care. His illness began in 1894 with the usual symptoms of gastritis. In January, 1895, he had become so much worse that he placed himself in the hands of one of our best physicians, under whose care he continued until November of the same year, when I was consulted.

After hearing his history and the treatment given, I urged him to return to his physician, insisting that nothing more could be done. My protest was in vain.

Examination revealed an emaciated, thin, and badly nourished body; his eye, skin, and color, fair though pale; his temperature normal; the bowels inclined to constipation with occasional diarrhœa with white pasty, offensive stools; the lungs, heart, and kidneys healthy; the liver a trifle small.

There was no painful point and no evidence of enlargement, tumor or ulcer. He was so thin that the abdomen could be most thoroughly examined. His tongue was heavily furred, red at the tip, indented at the edges, and the papillæ red and prominent.

He complained of being unable to take either solid or liquid food even in small quantities without causing heaviness, weight, oppression, pyrosis, eructation of gases, nausea, and finally headache and vomiting.

Since 1894 these symptoms had increased in severity, the nausea never ceased, and this whole array of complaints would gradually accumulate in force and energy, overwhelming his system with an attack of headache and intermittent vomiting that would last from three to five days.

In 1895, these storms growing worse, rendered his life almost unbearable. I had been attending him about a week, when one of these attacks occurred. He had been vomiting one day before I saw him. The scene was truly pitiable. I found my poor, emaciated patient in a small darkened room, scarcely able to raise his head, gagging and straining constantly, bringing up finally by the greatest efforts, a teaspoonful of white glairy mucus; his head bound tightly or wrapped in ice clothes; his eyes congested; his cheeks hollow; his skin sallow and pale; his face bespeaking the intense agony he suffered, begging and pleading to those around him for relief from the horrible nausea and retching.

CHRONIC GASTRITIS.

I remained with him an hour, and during that time he was not free for five minutes from efforts at vomiting. His sleepless, aching brain seemed racked to distraction. He would gag, vomit, and fall back exhausted.

This continued three days, gradually lessening. Sleep came only through exhaustion. Every particle of food (liquid or solid) was promptly vomited. During these attacks, the temperature was increased from 99 to 103.

These attacks were always of a similar character and from November 1st, 1895, to July 3d, 1896 they occurred every ten days or two weeks.

The physician who had treated him had used drugs, diets, and lavage faithfully and persistently, so that at the outset, I was completely handicapped.

I began with the remedies which had given relief in similar cases, and in turn used acids, alkalies, alteratives, pepsin, digestants, purgatives, tonics, bitters, sedatives, diets, etc., either singly or in combination, until I had exhausted all the resources at my command.

The only perceptible relief came from the use of small doses of diluted Hydrochloric-acid between the attacks, and a solution of Cocaine and Morphine during the paroxysm.

About July 3d, 1896, I read the article referred to above, and in desperation and despair of ever relieving him, I ordered Glycozone one-half then one drachm, well diluted, twenty minutes before meal time.

In a few days he said he felt better; within a week he repeated the assertion. To the utter astonishment of myself and his friends, one, two, four, and even six weeks passed, without a reoccurrence of his severe symptoms.

About August 20th, he was so much improved, that to hurry matters, I concluded to try lavage again. This was done at 5 P. M., and at 10 that night he was in the throes of an attack which lasted two days.

He then resumed his Glycozone and continued to improve till October 15th, when on account of inactivity of the bowels and costiveness, he was given two grains of Calomel, which brought on a slight headache and considerable nausea.

He had already been taking more food, but from this time, it was increased in quantity and character, eating three fairly good meals a day, and enjoying them.

After beginning the use of Glycozone, the acid was continued a few weeks, after meals, then left off entirely. No other medicine was used, except occasionally a pill of Aloin, Belladonna, Strychnia, Cascara, when bowels were sluggish.

To him Glycozone proved the greatest boon, and to me, the relief given was simply wonderful.

It is useless to add, that I have used the remedy in many cases since, and have met with excellent and even astonishing results.

THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. XVIII.

JULY, 1898.

No. 7.

EDITORIAL.

SILICEA has amelioration from standing and from rapid motion like dancing. Sulphur has aggravation from standing.

Silicea is an antidote to large doses of Mercury and Sulphur. Fluoric-acid and Hepar are antidotes to Silicea.

The following are Dr. Guernsey's key-notes to Silicea: Acrid leucorrhœa. Itching of the vulva. Constipation; the stool when partially evacuated slips back again. Tumor of the vulva with suppuration, which is increased by walking. The affected parts are very sensitive to touch. All symptoms are worse at the new moon. Violent burning and soreness of the genitals, with eruption on the inner surfaces of the thighs. More or less itching of the vagina, with fever all night. Emaciation and gradual failing of health. Labor-like pains in the vagina, with sensitiveness to touch. Vaginal fistula with great tenderness, and of the parts around it. Scrofulous diathesis. A pressing-down feeling in the vagina. Prolapsus uteri in consequence of myelitis. Very difficult stools. Painful smarting leucorrhœa, after taking acids.

Leucorrhœa during urination. Milky leucorrhœa in paroxysms, preceded by cutting around the umbilicus. Discharge of blood between the menstrual periods.

Increased menses with repeated paroxysms of icy coldness over the whole body. Attacks of melancholy. Anguish in the pit of the stomach. She wishes to drown herself. Fœtid, brownish, purulent, ichorous leucorrhœa. Constipation occurring immediately before and during the menses. Momentary attacks of sudden blindness or of obscured vision. Discharge of a quantity of colorless or white water from the uterus instead of the menses. Stool of hard lumps remaining long in rectum from apparent want of power to expel it. Burning soreness of the vulva. Eruption on inner sides of thighs during the menses. The menses have a very strong smell.

Metrorrhagia with terribly offensive sweating of the feet. Hungry, but cannot swallow the food, it seems so nauseous. Nausea with violent palpitation of the heart. Nausea after any exercise that raises the temperature of the body. In the morning taste of blood in the mouth. Sore, sticking, shooting pains at every effort at stool. Loss of hearing, partially relieved by blowing the nose. She occupies herself with pins; she hunts them and counts them; she is worse during the increase of the moon. Pure blood is passed from the uterus every time the infant nurses. The nipple ulcerates very easily, and it is very sore and tender. Fistulous ulcer of the breast, the discharge being thin and watery, or thick and offensive. One lobe of the mammary gland after another seems to ulcerate and discharge into one common ulcer, often with great pain. There may be several orifices, one for each lobe. Bronchitis in children that have large bellies. Perspiration about the head. Suppuration of the glands. Frequent attacks of colic, relieved by discharges of offensive flatus. Spasms of children which return at change of moon. Pot-bellied children.

CAN SYPHILIS BE CURED WITH HIGH POTENCIES?

J. M. SELFRIDGE, M. D., OAKLAND, CAL.

MR. PRESIDENT:—Before attempting to answer this question it will be of interest to inquire as to the nature and origin of syphilis.

It is generally understood to mean a sore on some portion of the genitalia, called a chancre; but this sore and its sequences are not the disease, but rather the results of diseased action.

Hahnemann defines disease as disturbed vital force. But what, in this case, is the disturber of the vital equilibrium—or, to speak more correctly, what is it that disturbs the normal molecular activities in such a manner as to produce a disease so far-reaching, so terrible in its sequences, and so unlike every other disease?

Much has been said and written on this subject by eminent authors, but no one seems to have been able to solve this knotty question. I know, of course, that bacteriologists claim that it is a specific germ, and, although there are those who claim to have discovered such a germ, still the fact remains that no one has been able to isolate an organism that has been accepted by all pathologists as the true bacillus syphilitica. While this is undoubtedly true, it is admitted by all authorities that there is a specific poison with which the system becomes inoculated during sexual intercourse. But, as Ericksen says, “the exact nature of the virus is unknown.” (Edition 1895.)

It is said to have been epidemic in the fifteenth century, and its results have been so terrible that no nation or people has been willing to acknowledge that it originated with them. Hence we find the Italians, English, and Germans calling it the French disease, while the French lay it to the Italians,

and the Spanish claim it was brought from America by the followers of Columbus. Whether it originated in China or elsewhere, there is good authority for stating that it existed in the "Flowery Kingdom" twenty-five centuries before the Christian era.

But, to my mind, it is unfair to accuse one nation or one class of people more than another, when the truth lies in a nut-shell; too frequent and too promiscuous sexual intercourse, coupled with filth and intoxication, will produce it among any people, nation, or city. Moral purity and cleanliness were never visited by either syphilis, chancroid, or gonorrhœa.

Now as to the *treatment*. Ever since the latter part of the fifteenth century Mercury, in one form or another, has been considered the specific remedy for this disease. Agnew recommends the bi-chloride of Mercury, the one-twentieth of a grain after meals, to be continued not less than eighteen months.

Moulin says the administration should be quietly but steadily increased until the teeth begin to feel loose. He recommends Hydrarg. Cum Creta in two-grain doses three times a day; while Ericksen gives the "gray powder" coupled with Opium, when necessary, to restrain the bowels.

E. L. Keys prefers the proto-iodide of Mercury. He commences with the one-sixth of a grain three times a day, and after three days he gradually increases it by adding from one to two granules daily until the maximum dose is reached, which declares itself by a watery diarrhœa or by touching the gums. Duration of administration from eighteen months to two and one-half years, and in some cases four years. The size of the full dose varies greatly for different individuals, and is invariably given after meals. This treatment, with some modifications, is recommended by Morrow and Horwitz. But, no matter when or by whom recommended, the objective point is the same—that is, to bring the system thor-

oughly under the influence of Mercury, but, if possible, without producing salivation.

Under certain circumstances these modern authors recommend a mixed treatment of the bi-chloride of Mercury and the iodide of Potassium. Such a mixture reminds a person of the prayer of a certain sinner who thought he was about to die. He called upon "Good Lord," "Good devil," because he did not know into whose hands he might fall.

When secondary symptoms show themselves the iodide of Potassium is recommended in doses ranging from ten or twenty grains three times a day, to be increased, in some cases, to two and one-half ounces daily.

To a physician well versed in the teachings of Hahnemann such dosing is simply appalling. These modern broken doses of Mercury, although they would have been very unorthodox fifty years ago, yet, when continued from eighteen months to two and one-half years, would fill a patient sufficiently full of Mercury to make him a walking barometer were it not that nature is so arranged that a portion of the drug is eliminated. The allopaths claim that it is all removed from the system in time; but, from experience, we know that a certain amount of it becomes as fixed in the liver and elsewhere as the India ink does after being tattooed. By this same eliminating process a portion of the iodide of Potassium is removed. Were this not the case, a sufficient quantity of the alkali would accumulate in the system to convert the adipose tissue into soap. Were such the fact, what a spectacle some of these fat fellows would make! If we were to assume that this method of treatment were the correct one, it is certainly not scientific to introduce more of the remedy into the system than is required to cure. That they, the allopaths, do err in this direction, is evident from the fact that nature cannot appropriate all of the remedy, and, therefore, a portion of it is eliminated by the emunctories.

Seventy-five or more years ago Hahnemann taught what

the more advanced allopaths are beginning to recognize as true, viz., that it is bad practice to destroy the chancre by cauterization or any other external application, because the healing of the chancre does not cure the constitutional malady. While condemning the methods in use during his time Hahnemann makes the somewhat startling statement that syphilis is as easily and promptly cured as any other disease.

In outlining his method he uses the following language: "In the cure of venereal disease three states are to be distinguished:

"First—When syphilis is still alone and attended with its local symptom, the chancre, or at least, if this has been removed by external applications, it is still associated with the other local symptom—the bubo.

"Second—When it is alone—*i. e.*, without any complication with a second or third miasm, but has been deprived of the vicarious local symptom, the chancre (or bubo), it may be cured the same as the first, but the certainty of a cure can not be so easily determined, because the chancre has been removed by external means.

"Third—When it is already complicated with another chronic miasm—*i. e.*, with psora already developed, while the local symptom may either be present, or may have been removed by local applications."

He further says that "The most difficult of all these cases, the *third*, is when a man, at the time of the syphilitic infection, was already laboring under a chronic disease, so that his syphilis was complicated with psora," or when he has been weakened by allopathic dosing so that his general health has been undermined, "the chancre having been destroyed by local means. When so complicated with developed psora it cannot be cured without curing the psora also." In speaking of the remedy and the method of administration Hahnemann is concise and positive. He says, "When syphilis is

uncomplicated with psora, when the chancre (or bubo) is still present—in the first state, it needs only one little dose of the best mercurial remedy in order to cure thoroughly and forever the whole syphilis with its chancre within fourteen days.”

The “mercurial remedy” which he recommends is the thirtieth centesimal potency of *Mercurius-vivus*. Is it possible that one small dose of the thirtieth potency of *Mercurius-vivus* will cure a loathsome disease like syphilis in fourteen days when it takes the allopaths two and one-half years, with loads of medicine? And then they are not sure that the patient is cured, for they have to stand guard another year, when, if no untoward symptoms make their appearance, they venture to guess that their patients are cured. But are they cured? Clinical experience would seem to give a negative answer.

Hahnemann has said, When there are no psoric complications that the single dose will cure. Can it be that so careful an observer as he has proved himself to be would risk the health and lives of thousands of human beings, to say nothing of the risk of his own world-wide reputation—of the risk to that system of medicine that had cost him so many years of hard study, that system of medicine that was dearer to him than life itself—if he did not know whereof he spoke? The thought of such a thing is simply absurd.

Does any person doubt Hahnemann’s honesty? Paralyzed be the tongue of him who would *dare* to express such a sentiment! And yet there are those who profess to believe the law of similars, who express a doubt in *acts*, if not in words. Why do they doubt? For the simple reason that they are either ignorant of what he teaches, or they have not the courage to put his teachings into practice. They prefer to follow the unscientific methods of the dominant school.

In addition to this Hahnemann tells us how we may know when a case of syphilis is cured. He says: “In case the

chancre has been driven out through local applications, even if the remedies had not been very acrid, there will always remain in the place where it stood, as a sign of unextinguished internal syphilis a discolored, reddish, red, or blue scar, while, on the contrary, when the cure of the whole venereal disease has been effected by the internal remedy, and the chancre heals of itself without the action of an external application, then the spot of the former chancre can be no more recognized, for the skin covering that place will be just as smooth and of the same color as the rest."

This being true, we do not have to wait a year after the treatment is stopped before pronouncing a case of syphilis cured.

This being true, how much more simple, how much more certain, how much more safe, and, therefore, how much better for the patient is *pure Homœopathy* than the "flesh pots of Egypt," than the risk of two and one-half years' drugging of Keyes, Molin, and others. I, therefore, in the language of Joshua of old (slightly paraphrased) call upon all of you who profess to be homœopaths, to choose ye this day whom ye will serve, whether God or Baal, but as for me and all whom I can influence, we will follow *Hahnemann and pure Homœopathy* rather than *Keyes and Allopathy*.

But, Mr. President, this paper will not be complete without the following report of a case:

December 15th, 1896, P. W.—, aged sixteen years, came to my office to be treated for an injury which he said he had received to his penis. In response to questions he said it was sore, red, and swollen. Being in a hurry at that moment, I did not ask to inspect the member, but prescribed *Arnica*, to be taken internally, and instructed him to bathe the part three or four times a day with water. I heard nothing from him until January 4th, 1897, when he returned to say he was worse—that the glands in his groin were swollen. I then asked to see the organ, and, to my surprise, I found the young

man had lied to me on his previous visit. His Ebenezer was swollen to more than twice its normal size. There was phymosis and some discharge from the prepuce. The upper right side of the glans at the coronal margin was more tender to touch than the surrounding parts, and there were two buboes in his right groin above Poupart's ligament. I scolded him roundly for deceiving me, and, after closely questioning him, he admitted having had sexual intercourse with a prostitute about six weeks previous; that when he first visited me there were at that time two sores at the point above described, which made their appearance about a month after he had been with this person. The lad had syphilis, and, because of the phymosis, I could not see the chancres. I did not circumcise him, or slit up the foreskin, but, as the case had over two weeks the start of me, I gave him *Mercurius-vivus* 30 (B. & T.), a dose every four hours, with instructions to syringe the prepuce three times a day with water as hot as he could bear it.

January 16th, as he was no worse, I gave S. L.

January 28th, as there was no improvement, I prescribed \mathcal{R} —*Merc-viv.* 30th.

February 7th, \mathcal{R} —*Merc-viv.* 30th.

February 18th, the swelling and soreness of the penis had about subsided, and the discharge had ceased. \mathcal{R} —S. L.

March 2d, his hair was falling out. Syphilides were making their appearance on his thighs, and there were mucous patches on his fauces. \mathcal{R} —*Merc-viv.* 30 every four hours.

March 16th, syphilides were quite plentiful over the entire body, and his hair had dropped out in patches so that it was more than half gone. \mathcal{R} —*Syphilinum* CM. one dose.

March 27th, there was no improvement. \mathcal{R} —*Syphilinum* CM. one dose.

April 26th, one month after the second dose of *Syphilinum*, he was very much improved. His hair had not only ceased

to fall, but in the bald spots a new growth of hair was showing itself, and the mucous patches were decreasing in size.

It is my custom, when a patient is improving, to either stop the remedy or lengthen the interval of its administration, but in this case I gave him one more dose of Syphilinum CM.

May 7th, the syphilides had entirely disappeared. A new crop of hair was very perceptible, and the preputial orifice had so far recovered its normal elasticity that he could uncover about one-half of the glans. But, as the buboes had not disappeared, I prescribed Mercurius-viv. 30, two powders to be taken mornings.

May 30th, I gave two more powders to be taken the same as before. I did not see him again until

November 15th, when he appeared to be perfectly well. There was not a trace of the buboes, mucous patches, or syphilides. He could uncover the glans with perfect ease, and there, side by side, were two places where the chancres had been, but, except for a slight depression, there was nothing to distinguish them from the rest of the glans. The surface was smooth and the color normal.

On the 2d of February, 1898, he came to me with a growth on his under lip which had every appearance of an ordinary wart. As the base was broad and fleshy I prescribed Causticum 200, to be taken mornings. At the end of three weeks it had entirely disappeared.

Was the wart syphilitic? I think not. In my opinion, it was of psoric origin. But the psora in this case must have been latent, for, had it been well developed when the patient contracted syphilis, I would have had to cure the psora before the syphilis would have yielded to an indicated remedy. But, the psora being latent, the wart did not make its appearance until after the syphilis was cured.

RESUMÉ.

The treatment for the syphilis was commenced January 4th, 1897.

March 2d his hair was falling out rapidly, and syphilides were making their appearance, and as they were increasing under the use of Mercury, three doses of Syphilinum CM. were administered between the 16th of March and 7th of May, when the syphilides had entirely disappeared.

Mercury was then resumed, because the buboes had not disappeared, but he took no medicine after the 2d of June.

On the 15th of November every trace of the disease, as before stated, had entirely disappeared.

The patient took medicine at intervals just five months, during which time the largest dose administered was the 30th potency of Mercurius-vivus, and the smallest dose was the one-hundred thousandth of Syphilinum.

It may be asked, Were these prescriptions purely Hahnemannian? I answer, yes and no. Yes, as to the remedy and potency of Mercurius, but no as to the repetition of the dose.

It may be said that the repetition of the dose could have made no difference with the result. But, Hahnemann, who was a better observer than either of us, has said that it does. In his directions for proving drugs, in Section 131 of *The Organon*, he says, "and besides a second dose, by its curative effect, will often remove some of the symptoms resulting from the previous dose; or a second dose may produce the opposite condition from that of the first."

Let me say, in passing, that it is quite probable that this suggestion of Hahnemann gave Bœnninghausen the idea that a high potency will antidote the effects of a lower potency of the same remedy—a discovery which has since been more fully elaborated by Dr. Sawyer, of Chicago.

Again, in Section 245, Hahnemann says: "Perceptible and

continued progress of improvement in an acute or chronic disease is a condition which, as long as it lasts, invariably counter-indicates the repetition of any medicine whatever, because the beneficial effect which the medicine continues to exert is rapidly approaching perfection. Under these circumstances every new dose of medicine, even of the last one that proved beneficial, would disturb the process of recovery."

And again, in Section 247, he says that "Homœopathic medicines may be repeated with excellent and often astonishing effect, at intervals of fourteen, twelve, ten, eight, or seven days." But we must not infer from this quotation that Hahnemann means that this shall be the rule in all diseases, for further on in *The Organon* he directs that, in diseases whose progress is rapid, like cholera, for example, the remedy may be repeated every five minutes.

But in syphilis his experience, as before stated, is one dose and a cure in fourteen days.

Had I followed his teaching in the case here reported it is altogether probable that no syphilides would have made their appearance; but my anxiety to make a prompt impression on so bad a case led me to forget the precepts of the master, and made it necessary for me to resort to another remedy, which, although it did splendid work, its use might have been avoided.

Were it necessary to prove the truth of Hahnemann's statements, other cases might be mentioned, but this is sufficient to establish the fact that syphilis *can* be cured with *high potencies*.

[In reference to Dr. Selfridge's remarks concerning the origin of syphilis the reader who wishes complete information on the subject should read Dr. F. Buret's work, entitled *Syphilis in Ancient and Prehistoric Times*, translated by A. H. Ohmann-Dumesnil, M. D. This author shows that syphilis is as old as man. A review of the first volume was written

by the Editor of this journal and published in THE HOMŒOPATHIC PHYSICIAN for September, 1892. The second volume was similarly reviewed in this journal for June, 1896. These two reviews give an epitome of the whole book, and might be useful to peruse by those who have not the time to read the whole book.

The Editor has had a late experience in curing syphilis completely in three months with high potencies, thus corroborating Dr. Selfridge's statements in the foregoing admirable article to which this note is appended.—ED.]

ACTÆA-RACEMOSA.

C. L. OLDS, M. D., H. M., RENOV, PA.

Actæa-racemosa was first used by the Indians as an antidote to snake poisons. It was also used by the squaws to promote easy labor. It got the name of Cimicifuga because it was supposed to keep bugs away (cimex, fugis). The next place we find it is among the eclectics, who used it for rheumatism, and then among the allopaths, who used it for rheumatism and for chorea. The homœopath cures rheumatism and chorea with this remedy, but he uses it only when the symptoms produced by the remedy are present. The homœopath looks to the proving for his knowledge of the drug, the old school to experience; the homœopath has a law upon which to depend, the old school nothing but experience and theory.

Actæa is suitable to women with rheumatism, especially when it is in the belly of the muscles. There is a sore, bruised, lame feeling all over the body. The muscles seem to knot up—cramps come in the calves, in different parts.

The mental state is peculiar; the patient is sad, melancholy, sees no joy in life—feels as if a black cloud or a black pall had settled down over her and weighed like lead upon her heart.

She feels as if she were going crazy. Among other mental symptoms we find fear of death, but unlike the same symptom in Aconite, it is not accompanied by fever. She sees different kinds of animals, rats, mice, and other strange things. She may be taciturn, wanting to be let alone, like Ign., Puls., or may be very voluble, changing rapidly from one subject to another; again, she may be irritable.

Throughout the drug there are neuralgias, in different parts of the body—rheumatic neuralgias—in the eyes, face, scalp. If these are suppressed mania comes on, and she sees animals and fights. When neuralgia or rheumatism leaves mind symptoms come on.

In this remedy are most terrible headaches. There are sensations as if the head were opening or shutting, as if a bolt had been driven up in the back of the head from the neck to the vertex. It seems as if the top of the head would be lifted off. (Cf. Cocc., Bapt., Bell., Cann-ind., and Cann-sat.) She feels as if the brain were too large, a sensation of fullness in the head. The eyes feel full. It seems as if she would go crazy with the headaches. They are worse from motion of any kind, better in the open air. This is the exception in Actæa with regard to cold, the remedy is generally chilly, worse in the open air, but the headaches are better in the open air. They are worse in damp weather, worse from changes of weather, worse from slightest draught, worse on going upstairs. Sometimes the headache begins at the root of the nose, and extends gradually over the head, with delirium and vomiting. With the headaches there is almost always inflammation of the conjunctiva—it looks red and raw.

Actæa is worse in the morning in most complaints. The complaints are chiefly on the left side. Running through the remedy we find numbness in different parts—trembling, shivering. Particularly will these symptoms be found in women—in women with uterine complaints, with hysterical

or rheumatic constitutions. We may find affections coming on from disappointed love.

In the eyes we find neuralgia—sharp, sticking pains running into the eyes, as if needles were run in. They are worse at night, and worse on closing the eyes. The eyeballs ache intensely. There is oscillation of the balls, moving to and fro, with great soreness. There is a neuralgia of the malar bone, the pain goes away at night and reappears the next day. There are toothaches in neuralgic patients. There are colicky pains in the abdomen, relieved by bending double. These rheumatic and neuralgic pains are generally relieved by pressure, especially where there are spasms. Whenever the rheumatic or neuralgic affections are suppressed, on will come the mental affections—gloom, despair of life, chorea, mania. When rheumatism ceases, chorea will come on, especially movements of the *left* hand—the left side of the body is more affected.

In rheumatism we may compare this remedy with Actæa-spicata, in which the pains are in the small joints, the hands, fingers, especially the right wrist; in Act-rac. they are in the large muscles. In Act-spi. the joints are intensely sensitive, the least touch will make the patient cry out. The pains are tearing, worse on moving at all, and worse at night. The small joints swell after walking about, either those of the hands or the feet.

Caulophyllum also may be compared in rheumatism. Here there are also affections of the small joints, but not the great sensitiveness. The pains are erratic, move about, like those of Puls. Pains go from one finger to another, and finally to the nape of the neck, here the rheumatic pains centre. They are nearly always associated with uterine troubles, as in Actæa-rac.

The menses are profuse, early, black, offensive, sour, coagulated. Sometimes they are irregular. There is a peculiar thing in Actæa-rac., that although the menses are profuse and

early, the more the flow comes on the worse the patient feels, which is the reverse of the case in most remedies. There is, indeed, a general aggravation of the patient during the menstrual flow; the mental symptoms are worse; hysterical or epileptic spasms may occur; the choreic troubles are all worse.

There were forty male provers and only six female. In every one of the females stomach symptoms came out—nausea and vomiting, great retching—but not in one of the males. The remedy cures nausea in pregnancy, also false labor pains occurring during pregnancy.

It is said that if this remedy be given during the last weeks or months of pregnancy it will cause an easy labor. It would be just as plausible to say that it will cure chorea or rheumatism. It will cause an easy labor, but only when the symptoms of the patient correspond to those of the drug. In labor we may find great trembling, shaking, shivering, yet the patient does not feel cold; or there may be chilliness. Pains shoot about in the abdomen, in the broad ligaments, dart from side to side. Pains leave the uterus and go to the hips, and the patient cries out, "Oh, my hips, my hips!" The feeling is as if the hips were seized by something, and yet the patient is relieved if they are seized by the hand. The pains may run down the legs from the hips. The woman is worse from noise, and may have fainting fits.

After-pains come in the groins, in the broad ligaments. These pains in the broad ligaments may be covered by this remedy when occurring at any other time. Puerperal mania may come on, with hysterical convulsions. There are inframammary pains, worse on the left side, and burning in the mammæ.

As a result of suppression of the menses, or of the lochia, mental symptoms come on; the woman feels that a black pall has settled over everything, that there is nothing worth living for. With these mental symptoms there is nearly always sleeplessness—she cannot possibly get to sleep.

If there is heart trouble, pain shoots up to the left shoulder and down the left arm. The left arm will feel numb as if paralyzed, as if bound to the side of the body.

The choreic twitchings and jerkings and irregular motions are all worse in the daytime, and *cease on going to sleep*. They are worse from emotions and during the menstrual periods. They may be caused by suppressed menses, and accompanied by sleeplessness.

In addition to the chronic rheumatism this remedy has inflammatory rheumatism of the large muscles, the belly of the muscles, with intense soreness, sharp, lancinating pains here and there, worse from motion, worse from dampness, worse from change of weather. There are also tensive pains in the legs and arms, especially in the tendo Achillis, which feels as if shortened, drawn up.

Actæa may be used in cerebro-spinal meningitis, with great soreness and sensitiveness of the spine, the characteristic mental symptoms being present. It has been thought of in cases of old drunkards, or affections following a spree; in delirium tremens.

In this remedy as in many others useful in hysteria, there is profuse urination—great quantities of clear urine passed—which seem to prostrate.

I append the following case:

September 29th, 1894, Mrs. George S——, age 43. Slight little woman, blue eyes, pale, bloodless, "feeling perfectly miserable."

Has had seven children in eight years, never can nurse them. Now seven and a half months pregnant. Generally of a cheerful disposition, but now depressed; seems under a constant gloom; constant fear of the pain of her confinement. Heartburn whenever pregnant. Starts in the stomach and rises to throat. It is worse before midnight and worse from drinking water.

Cramps in walls of abdomen as if knives were cutting her.

Worse after midnight. Better walking and rubbing. Feet fidgety.

Fœtal movements violent. Feels as if fœtus would push through abdominal walls. Fond of salt, aversion to pepper. Weak and worn out with child-bearing. Sensation as if tadpoles danced before eyes. Water disagrees; she never cares to drink it. She feels better in the open air. Wants but little cover at night at any time of the year. Suffered with chilblains before her marriage. Rapid pulse. Aversion to noise. Remedy, *Actæa-racemosa*, CM.

She told me later: "That medicine acted like a charm; I felt perfectly well until confined."

THE ORGANON AND MATERIA MEDICA CLUB OF THE BAY CITIES OF CALIFORNIA.

The Organon and Materia Medica Club was called to order January 7th, 1898, at 8.10 P. M., by the President. Present, Drs. J. M. and C. M. Selfridge, Augur, Holmgren, and Manning.

No other business presenting, the study of *The Organon* continued with Section 28, each paragraph being read by the President.

DISCUSSION.

Section 28:

Dr. Selfridge—If it was not for some of the following paragraphs it would not be necessary to read this and Section 29, concerning the way remedies act.

Section 29:

Dr. Selfridge—Hahnemann thinks that the medicinal disease substitutes itself for the natural disease. That does not appear to be a very logical theory.

Dr. Augur—Nor to me either. If we were to judge of strength of disease by symptoms we would say the natural disease is stronger than the drug disease.

Dr. Selfridge—Hempel uses the word “antidotes,” says “the drug antidotes the disease.”

Dr. Augur—A better term, I should think.

Sections 30 and 31 :

Dr. Selfridge—These paragraphs show that if a dose is big enough you feel the effect of the medicine. That is his idea, and that is our experience. A dose of physic in one man only large enough to act would tear another to pieces.

Sections 34 and 35 :

Dr. Selfridge—No matter how strong the drug, it must be similar, or there would be no cure.

Sections 36 to 39 :

Dr. Selfridge—All goes to prove that the drug disease can cure the natural disease if similar ; if not similar, it can have no effect except, perhaps, to suspend natural disease for a time.

Section 42 :

Dr. Selfridge—Hahnemann’s theory in a few words is, that two similar diseases cannot occupy the system at the same time, the stronger taking the place of the weaker, but that two dissimilar diseases can and may occupy the system.

Section 45 :

Dr. Manning—Then two drugs dissimilar in character can act in the same system?

Dr. Selfridge—Yes, if they are dissimilar, though the stronger disease will take the place of the weaker.

Section 49 :

Dr. Selfridge—You see, Hahnemann realizes the fact that cow-pox is homœopathic to small-pox.

Dr. Augur—He proves it, too.

Section 51 :

Dr. Selfridge—You will notice in potency he speaks of division to point of infinity ; does not mention vital force.

Section 52 :

Dr. Selfridge shows the entailment of a drug disease on top of natural disease. Does all this prove the forming of a

drug disease in place of the natural disease? I do not consider his words aptly chosen in trying to prove the same. I consider Hempel's wording more satisfactory. Disease is evidently the result of changed vital force or molecular disturbance. Take a remedy. It starts the molecules revolving in right direction, if the right drug is chosen, and health is produced. But I do not know whether this theory is any more plain or satisfactory to you than the other.

Dr. Augur—Your explanation is, then, that disease is produced by disturbed molecular action, while the remedy produces vibratory action in right direction?

Dr. Selfridge—My idea is that disease disturbs molecular action so that the molecules do not act in normal direction—do not revolve in right manner.

Dr. Augur—You say, then, that the remedy restores normal action of molecules; then through similar action, not in dissimilar.

Dr. Selfridge—Oh, yes; the remedy must cause an action in the same plane, stopping the direction of the diseased molecules, restoring their correct action.

Dr. Augur—This is more plausible, I think.

Dr. Selfridge—Hahnemann's idea is by substitution—the drug absorbs the disease—is substituted for it. Not a plausible explanation in my mind. Or take the electrical idea of polarity, and suppose that in disease there is a change in the polarity of molecules; then health would be produced by a drug altering the position of these poles so that they would all point in same direction. One thing he does prove in these sections is that remedies which are not similar do not cure.

Sections 53, 54, 55:

Dr. Selfridge—That principle of attacking sound parts to relieve disease is practiced even now; it was employed in Hahnemann's day, and is now. I know that often the disease of the kidney will attack the liver and hide its former symptoms, but that does not stop the kidney trouble.

Section 56:

Dr. Selfridge—The palliative plan is the way to make money. In a case of appendicitis the palliator gives a hyperdermic injection, quiets the pain, gets the credit, while the case most probably goes on to suppuration and operation. The homœopath may take longer, but finds the remedy that will cure.

Adjourned.

G. E. MANNING,
Secretary.

PSORA.

J. M. SELFRIDGE, M. D., OAKLAND, CAL.

Before taking up the study of anti-psoric remedies Hahnemann makes the following statement: "The *Psora*, a most ancient miasmatic disease, in propagating itself for thousands of years through several millions of human organisms, of which each one had its own peculiar constitution, and was exposed to very varied influences, was able to modify itself to such a degree as to cause that incredible variety of ailments which we see in the innumerable chronic patients with whom the external symptom (which acts vicariously for the internal malady)—*i. e.*, the more or less extensive eruption of itch, which has been driven away from the skin by a fatal art, or in whom it has disappeared of itself from the skin through some other violent incident."

From this and similar statements it has been the belief of some, and especially the allopaths, that Hahnemann's *Psoric* theory of chronic diseases is merely the common itch disease, which they have exploded, because the microscopist has discovered an insect—the *acarus scabiei*—in the pustules. Having made this discovery, they think they have the laugh on Hahnemann and his followers, and it is their delight to hold them up to ridicule, as they did, not many weeks ago, when discussing the subject of homœopathic affiliation before

the Regents of the University of California. But, had the Regents been more familiar with the teachings of Hahnemann, the laugh would have been at the ignorance of those who ridiculed Homœopathy.

Hahnemann says, "*Psora* is the *most ancient, most universal, most destructive*, and yet *most misapprehended* chronic miasmatic disease which for many thousands of years has disfigured and tortured mankind. . . . *Psora* is the oldest miasmatic disease known to us. . . . The oldest monuments of history which we possess show *Psora* even then in great development. Moses, three thousand four hundred years ago, pointed out several varieties. . . . The different names which were given by different nations to the more or less malignant varieties of leprosy (the external symptom of *Psora*), which in many ways deformed the external parts of the body, do not concern us and do not affect the matter," etc.

"The Occidental *Psora*, which during the Middle Ages had raged in Europe for several centuries under the form of malignant erysipelas (called St. Anthony's fire), reassumed the form of leprosy which was brought back by the return of of the Crusaders in the thirteenth century."

After speaking of the cleanliness which followed the introduction of linen underclothing, warm baths, and different diet, Hahnemann says, "The external horrors of the *Psora* within the space of several centuries were at least so far modified that at the end of the fifteenth century it appeared only in the form of the common eruption of the itch."

It will be well to observe that Hahnemann teaches that while *Psora*, under different names and forms, had troubled the human race long before historic times, it did not appear in the form of itch until about the end of the fifteenth century.

Owing to the repressive measures that have been used in the treatment of the itch, Hahnemann says the human race "is worse off from the change in the external form of the *Psora*—from leprosy down to the eruption of the itch." This

is due to the fact that the itch is more easily repressed than the older forms of *Psora*, because when repressed or driven from the surface it becomes *latent*, and, as he says, "is the *most hydra-headed* of all the chronic diseases"—that is, when driven in by externally applied remedies, it shows itself in some other form, as phthisis, eczema, fibroma, etc. In fact it is the mother of all the chronic diseases the physician has to treat in this our day and generation, except the comparatively small number that are caused by latent syphilis and sycosis.

If we could eradicate *Psora* from every human organism the occupation of the physician would be well-nigh gone. This being true, it is evident that the first duty of the physician is to treat the *Psora* as manifested by the symptoms of a given case. To do this successfully a thorough knowledge of the antipsoric remedies is absolutely necessary. This Hahnemann recognized, and as soon as he became convinced of the truth of his theory he commenced the difficult and arduous task of proving remedies. What he accomplished he has left to us as an invaluable legacy, which is crystallized in the provings as found in his work on chronic diseases, which of itself is an enduring monument to his memory.

I have often wondered how he came to know the antipsoric value of different drugs. On this point he sheds some light when he says, "I have often been asked by what signs a substance may beforehand be recognized as antipsoric? But there can be no such external visible marks in them; nevertheless, while proving several powerful substances as to their pure effects on the healthy body, several of them by the complaints they caused showed me their extraordinary and manifest suitability for homœopathic aid in the symptoms of clearly defined psoric diseases."

"Some traces of their qualities leading in this direction gave me in advance some hint as to their probable usefulness—*e. g.*, the efficacy of the herb *Lycopodium*, much praised

in Poland for the *plica polonica*, pointed me to the use of the pollen," etc.

"The circumstance that some hemorrhages have been arrested by large doses of salt was another hint."

In a somewhat similar manner he obtained hints in regard to Guaiacum, Sarsaparilla, and Mezereum; while the earths, the alkalies, most of the acids, the neutral salts, and the metals were obtained from their pure symptoms while proving different drugs. This was continued until forty-eight antipsoric remedies had been thoroughly proven, and their curative powers verified.

In all cases "only those remedies have been acknowledged as antipsoric whose pure effects on the human health gave a clear indication of their homœopathic use in diseases manifestly psoric. Some of these medicines in their crude state seem to have a very imperfect, insignificant medicinal action (*c. g.*, common salt and the pollen of *Lycopodium*). Others (*c. g.*, Gold, Quartz, and Alumina) seem to have none at all, but all of them become highly curative by the preparation peculiar to Homœopathy." Why Hahnemann came to triturate Gold, Quartz, etc., he does not tell us. Possibly obtained the hint by using some of their salts.

At the same time, by this same peculiar process of preparation the most virulent poisons were made sufficiently "mild in their effects" to become curative in an almost incredible degree. This, as you know, is done by trituration and succussion on the centesimal scale. Again, by the process of trituration, insoluble substances, such as Gold, Silver, Platinum, etc., are rendered soluble in both water and alcohol, "a discovery invaluable to the healing art."

Another valuable discovery by Hahnemann is that when a potentized remedy is administered to a patient it is not neutralized by a substance that will antidote it in its crude form. For example, Natrum-carb., Ammonium-carb., Baryta, Lime, and Magnesia in a highly potentized form are not neutralized

by taking vinegar after a dose of either of them has been taken. This is due, I think, to the fact that when a medicine is highly potentized its molecules become so active that they reach the diseased cells and do their perfect work before the crude substance has time to reach them.

In making his dilutions Hahnemann at one time recommended two powerful downward strokes of the arm, for the reason that a greater number increased the curative power of the drug in too great a degree. But, in his preface to antipsoric remedies (Tafel's translation, page 159), he takes this direction back in these words, "But during the last years, since I have been giving every dose of medicine in an incorruptible solution, divided over fifteen, twenty, or thirty days, and even more, no potentizing in an attenuating vial is found too strong, and I again use ten strokes with each. So I herewith take back what I wrote on this subject three years ago."

The experience of Hahnemann in the preparation and administration of his remedies led him, step by step, from the crude substance up to the thirtieth centesimal potency. Since his time experience has led some of his followers to the use of potencies unheard of or even unthought of by Hahnemann or the men of his time.

It has been found that the higher potencies will cure, oftentimes, when the lower will have no effect, or only aggravate the case.

It is customary, at the present time, to use a higher potency of the well selected remedy when a lower potency has been given without effecting a cure. But Hahnemann says, "if before he has used the thirtieth dilution he will now take one or two pellets of the twenty-fourth."

My own experience is that some of the most brilliant cures are made with the highest potencies. Such statements are frequently unpopular, and are often met with a smile of derision or a word of unbelief. But such expressions merely show that the person making them is not up-to-date in the

art of prescribing. No person has the right to deny the truth of a statement or the curative virtues of the higher potencies until he has demonstrated by intelligent experiment that they are not reliable. I say intelligent experiment because careless prescribing is seldom or never followed by good results. If a remedy be indicated it may and frequently does cure in a low potency, provided some incompatible substance is not alternated with it. The single remedy and the smallest dose that will cure is the scientific art in medicine. In any case take Hahnemann's advice. I have found by experience that he is a reliable captain to follow.

THE MEDICO-CHIRURGICAL SOCIETY OF CENTRAL NEW YORK.

The Medico-Chirurgical Society of Central New York held its fifth annual meeting at Syracuse, N. Y., June 2d, 1898.

A novel feature of the meeting was a paper on homing pigeons by Dr. N. H. Haviland, of Fulton, N. Y. He told of the use of homing pigeons as medical messengers. The doctor has about thirty pigeons that he uses in his practice, and three of these he brought to the meeting. After the morning's session Dr. Haviland liberated three pigeons in front of the court-house. He placed a message in a nickel band about the birds' legs, and then tossed them into the air. The pigeons made several circles of the neighborhood, and when they got their bearings they started in the direction of Fulton, twenty-four miles away. Dr. Haviland said that the birds would reach home in about thirty minutes. The messages contained a request to his valet to note the time the birds reach home, and wire the same back to this city.

This paper is printed in full in this number at page 316.

The meeting was presided over by President Dr. W. E. Denel, of Chittenango. The minutes of the last meeting and

the financial statement were read by Dr. E. Elmer Keeler, of this city, Secretary and Treasurer of the Society. Several candidates were admitted to membership.

"Acute Inflammatory Diseases of the Lungs in Children" was the first paper read by Dr. F. F. Williams, of Canton. He said that it was rare to find severe bronchitis without pneumonia, and vice versa. A discussion followed.

Dr. A. G. Anthony, of the city, read an interesting paper on "Neuroses of Infancy." Dr. Keeler discussed the paper. Dr. L. A. Martin, of Binghamton, related operative cases of appendicitis, and some clinical cases were reviewed by Dr. W. L. Hartman, of this city.

"Alcohol in Medicine" was the title of the paper read by Dr. E. L. Hinman, of Oswego.

President Denel's annual address was filled with interesting statistics.

After the election of officers this programme was carried out:

Hospital report by J. W. Sheldon, M. D., Syracuse. President of the staff. "One Case in Which the Remedy Indicated the Disease Miasm Before It Was Known," S. L. Guild-Leggett, M. D., Syracuse; discussion opened by Gordon W. Hoyt, M. D., Syracuse. "Uricacidæmia," C. E. Hinman, M. D., Syracuse; discussion opened by W. C. Du Bois, M. D. "Uric Acid Diathesis," A. F. Mills, M. D., Binghamton. "Typhoid Fever," E. A. Simonds, M. D., Carthage. "Typhoid Fever," comparative statistics, C. D. Hale, M. D., Syracuse. Subject not given, E. B. Nash, Cortland. "Why I Am and What I Am," William M. Gwynn, M. D., Auburn. "The Necessity of the Microscope in Medical and Surgical Diagnosis," R. W. Craffee, M. D., Syracuse. "Diseases of the Labyrinth," H. A. Church, M. D., Syracuse. "Case," J. T. Wallace, M. D., Oneida. "History of a Scarlet Fever Epidemic," A. H. Bruce, M. D., Wolcott. Clinical Cases. Miscellaneous business.

REPERTORY OF THE BACK.

E. H. WILSEY, M. D., PARKERSBURG, W. Va.

(Continued from June number, page 257.)

SPINE.

Sensitive, painful sensitiveness of spine from last cervical vertebra to fifth dorsal, Tellur.

— the whole spine very sensitive to touch, even by a sponge or leaning against a chair, Agari.

— sensitiveness, especially in cervical and upper dorsal region; soreness of muscles, | Cimicif., | Agar.

— spine very sensitive, pains shooting into head, | Cinch.

— very sensitive, and hyperæsthesia of spine from sixth cervical vertebra to small of back, slightest touch intolerable, | Cup.

Sensitiveness of spine to touch, | Zinc.

— of dorsal and cervical vertebræ, | Carduus.

— of last cervical vertebræ and first dorsal to pressure, || Chin-sul.

— spinal irritation, great sensitiveness between vertebræ; sits sideways in chair to avoid pressure against spine, | Therid.

— great, of cervical vertebræ to pressure, | Arn., Stram.

— deep-seated, sensitive pain sticking in ilium of one or the other side, an inch to an inch and one-half from spine, extending obliquely inward toward sacrum, | Berb.

— great, of cervical vertebræ to touch, | Hyperi.

— great, between vertebræ, | Nat-m.

— through vertebræ, painful shrieks when they are touched, cannot sleep on back, | Kali-c.

Sharp, sudden stitches beside the spine, darting forward through the chest into cartilages of the left ribs in the evening, Mez.

— sensation, as if atlas and axis had been pried apart; on rising to feet it changed to sharp pain, Curare.

— pain at lower part of sternum, passing through to spine or lower angle of right scapula, Elater.

— frequent, sharp stitches, like from splinters on dorsal vertebræ, Agar.

SPINE.

Sharp, pains in lower spine, Ol-jec.

— pains in whole length of spine, better lying on back, Zinc.

— pains from upper dorsal into occiput, | Kali-c.

— pains in spine, shooting into occiput (confinement), Petrol.

Shooting pains in single vertebræ, Agari.

— violent shooting, burning pains, deep in spine, | Agar.

— from dorsal spine half-way to the left side, Rumex.

— violently between shoulders and in whole of back, worse on inspiration, with tension in spine when moving the trunk, also in evening; relieved when walking, Nat-c.

— in spine, Aco., Bell.

— in lumbar region, from vertebræ to crest of ilium, right side, Chromic-ac.

Sitting, weakness and lack of mobility in the spine; it feels as if it would collapse on long sitting. Bar-c.

— along spine and from sacrum down through the legs into feet; worse while sitting, Kobalt.

— pain, as from an ulcer under the skin, on the lower end of the spine, mostly when sitting and lying, Carbo-a.

— pains in middle of spine when sitting, | Arn.

— bruised pain in spine when sitting, Sabad.

— pulsation in spine when sitting, Thuja., Curare.

— while sitting pain on either side of dorsal spine, similar to that felt in chest when it is said "the food has lodged" between scapula and lumbar region, | Kobalt.

Sneezing, sudden sprained pain on sneezing, then drawing pain close to spine, extending into left groin and testicles; worse rising from a seat and walking, Sul.

Softening of spinal cord, congestion or irritation, spinal meningitis, myelitis or spinal paralysis, Crotal.

— of spinal cord, loss of power, stumbles and trips, | Kali-phos.

— of spine, with curvature, Merc-c., || Sul.

— limbs, paralyzed from spinal softening, Stram.

— of spine, | Phos.

Soreness, up and down spine and neck, Nat-s.

SPINE.

- Soreness**, aching soreness in all the vertebræ ; worse by motion and by pressure on spinous processes, **I** Chel.
- in lower cervical vertebræ, Con.
 - stiff, sore feeling down right side of spine, then across loins and over right hip-joint, Sil.
 - in a spot on right side, near spine, below loins, from rising in morning till bed-time, with sensitiveness to touch, Lith-carb.
 - and pain down cervical vertebræ, **I** Ham.
 - of spine ; does not wish it touched, Iodoform.
 - spine sore and painful, **I** Merc-jod-rub.
 - with weakness of spine, Diosc.
 - and pain the whole extent of spine from below upward, Eup-pur.
 - in cervical spine on left side, **II** Sul.
 - in last dorsal and first lumbar vertebræ, Bell.
 - in lower part of spine, almost traceable to sciatic nerve, Brach.
- Squeezing**, pressive pain beside the lowest part of spine, Carbo-v.
- Stabbing**, in vertebræ, as with a knife, from without inward, Bell.
- from third cervical vertebræ to fifth dorsal, striking forward through chest to sternum, worse from motion, **I** Kali-bi.
- Standing**, pressure along spine while walking in open air ; disappearing while sitting or standing, Mur-ac.
- stitches in middle of spine, on walking in open air ; better when standing, jerking in sacrum, and at same time above ankle, Calc-ac.
 - tired pain in lower part of spine, causes nausea and faint feeling when standing, Sep.
- Sticking**, in middle of spine, Plumb.
- through spine to pit of stomach, Ratanhia.
 - in right side of spine in morning on breathing deeply, Nat-phos.
 - in spine and left side of nape, Sul-ac.
 - in middle of spine, better by motion, Cina.
 - gnawing, with sticking in middle of spine, Helleb.
 - boring, sticking in spine just below shoulders, Helleb.
 - pain in spine, worse by bending back, Jambos.

SPINE.

- Sticking**, burning in spinal cord, then sticking and boring between scapulæ, better on motion, Mag-m.
- in spine, between scapulæ, Merc.
 - sudden sticking near spine, extending through chest into left costal cartilage anteriorly in the evening, Mez.
 - intermittent sticking along left side of spine, and in middle of trunk, Moschus.
 - in middle of spine, on breathing, Dulc.
 - in the whole of spine, Elaps.
 - along spine mornings on waking, better moving about, Euphrasia.
 - with every expiration in lumbar vertebræ, Sul.
- Stiff**, sore feeling down right side of spine, then across loins, and over right hip-joint, Sil.
- cervical portion of spine stiff, any motion thereof causing disagreeable tension and dull pain deep in, which extends towards both shoulders, | Dulc.
 - neck, pain all down spine, | Cedron.
- Stiffness** of the spine, Nit-ac., Æsc-h.
- of spine and lower limbs, Tabac.
 - of spine, extending up from the coccyx., Ars.
 - painful stiffness of spine, with laziness and heaviness of the legs in the morning on walking and after rising, Calc-c.
 - in spine, as after standing bent for a long time, Thuja.
 - and pain down spine, with inclination to bend forward; as hard to sit up straight, Physos., Calab.
 - from lower part of spine, aching pain upward with stiffness, worse in damp weather, | Nux-m.
 - of back; spine becomes bent, | Carbo-v.
 - after painful stiffness of spine, determination of blood to head, with ebullitions, | Calc-c.
 - painful stiffness of spine and back, making change of posture very difficult, | Calc-c.
 - painful stiffness of spine in morning on rising, with indolence and heaviness of legs, Calc-c.

SPINE.

Stiffness of dorsal spine, want of mobility, Bar-c.

- of spine, rigid in cerebro-spinal meningitis, | Cic.
- of spine, rigid, motion exceedingly painful, Lob-c.
- of spine, with periodic attacks of pain through chest, | Cepa.
- of spine, with inability to straighten after stooping, | Kali-b.
- of vertebræ, Coccul.

Stinging in cervical vertebræ, Lyss.

Stitches, tearing from spine to anterior spinous process of left ilium when sitting, Drosera.

- in spinal column, during motion, Meph.
- in upper part of back, along spine from below upward, or in whole back and nape of neck, with stinging sensation in right arm, as if gone to sleep, Lach.
- in spine and shoulders, China.
- in spine., Berb., | China., Nitr-sp-d., | Ran-b.
- sudden and tearing pains on each side of spine, in back and lumbar region, Cinnab.
- frequent sharp stitches, like from splinters, on dorsal vertebræ, Agar.
- in spine while sitting, is suddenly overcome by anxiety, Ruta.
- severe stitches from thoracic cavity through the spine out between scapulæ, Calc-c.
- broad stitches, as from a knife, under scapula on left side, near spine, Cup.
- painful stitches in middle of spine when respiring, Dulc.
- sharp, sudden stitches beside the spine, darting forward through the chest into cartilages of the left ribs in the evening, Mez.
- uninterrupted stitches in the spine all the day at various hours, Phos.
- small, violent jerking stitches in middle of spine, Phos-ac.
- frequent stitch-like electric shocks in a zig-zag course along spine from lumbar to scapular region, Euonymus.
- pressing stitches along spine, mostly in sacrum, with dyspnœa, Tarax.

SPINE.

Stitches, cutting stitches at ends of right ribs, near spine ; worse on curving back, Arg-m.

— from spine through upper abdomen to pit of stomach, Thuja.

Stooping, violent pain in spine, as from sudden rising after long stooping, | Arn.

— pain near spine as if a plug were forced inward two inches below left scapula on stooping, Prunus.

— pain along the spinal column ; worse on stooping, Agar.

— when stooping, spine pains as if too weak to support back, | Agar.

— drawing in spine extending upward on stooping, | Sul., Sep.

— downward drawing and pain in spinal cord, worse by stooping or bending, Daphne.

Strain, spine pains in the renal region or stretching as from a strain in lifting, Calc-c.

Stumbles, softening of spinal cord, loss of power, he stumbles and trips, | Kali-phos.

Swelling of left side of cervical vertebræ, Sul.

Tabes Dorsalis (atrophy), from sexual excesses, | Kali-brom.
— — Secale, | Sul.

— — progressive locomotor ataxia, Æsc-h., | Alum., | Arg-nit., | Atrop., | Bell., | Calab., | Caust., | Coccul., Colch., Crotal., Fluor-ac., | Gels., | Kali-br., | Lach., | Nit-ac., | Nux-m., || Nux-v., || Phos., | Phos-ac., | Pic-ac., || Plumb., | Psor., | Rhus., Sec., | Sul., | Stram., | Sil., Tarant., | Zinc.

— — from exhaustion, || Pic-ac.

— — with paralysis, | Sil.

— — from sexual excesses, | Kali-br.

— — with great excitement of sexual system, | Fluor-ac.

— — in women with weakness in legs and back, | Graph.

— — from excessive loss of fluids and semen, | Phos.

— — early stages of locomotor ataxia, especially when occurring from exposure to cold or from sexual excess, | Nux-v., | Calc-c.

— — incipient locomotor ataxia, | Caust.

SPINE.

Tabes Dorsalis with paralysis, | Sil.

— — with dulness of sense, | Graph.

— — cerebro-spinal exhaustion from overwork, || Phos-ac.

— — with chest pain, torpor or numbness of genitals, | Graph.

Tearing in spine, Berb., | Caps., | Cina.

— jerking pain in middle of spine, | Cina.

— and drawing down spine, | Cina.

— sudden stitches and tearing pains on each side of spine in back and lumbar region, Cinnab.

— between scapula in evening before lying down and in spine, | Coccul.

— to left of spine: and behind right axilla, Colch.

— below scapulæ near spine, Lyc.

— in lower part of spine, causing shuddering so that she bent backward, then stitches at 5 P. M., Mag-carb.

— in whole spinal column from above downward, Mang.

— stitching from spine to anterior spinous process of left ilium, when sitting, Drosera.

— and drawing down right side of spine from axilla to the last rib, Guaj.

— burning, tearing on right side of the spine above sacrum, | Kali-c.

— downward on the whole spine, in rest and in motion, Mang.

— deep in spine toward left side, Ign.

— in spine when stooping or bending backward, also when walking, | Chel.

Tenderness of spinal column when stretching, Med.

— great on pressure over posterior, spinous processes of all cervical and first four dorsal vertebræ, | Coloc.

— of spine worse in cervical and lumbar region, Tabac.

— of dorsal region of spine to pressure, Plumb.

— of spine on pressure, Plant., | Sep.

— in whole spine, most in neck below occiput, | Lach.

Tension and drawing in spine, | Nat-m.

— in dorsal vertebræ, Aur-mur.

SPINE.

Tension in, painful followed by loss of consciousness, | Nat-m.

Tensive rheumatic pain in spine, Zinc.

Throbbing, intermittent in left side, near spine, Dulc.

— intermittent on right side of spine, near 11th and 12th dorsal vertebræ at 11 P. M., worse by motion, extending by single jerks into right thigh, Canth.

— drawing, burning, and throbbing pain in spine, Bell.

Touch, cervical vertebræ very sensitive to touch, | Hypericum.

— shrinks from least touch on spine, between cervical and lumbar region, | Hyper.

— sore spine, does not wish it touched, Iodoform.

— sensitiveness of vertebræ to touch, but cannot locate pain, | Coccul.

— a slight touch along spine provokes spasmodic pains in chest and indescribable distress in cardiac region, at times heart feels as if twisted, Tarentula.

— the whole spine very sensitive to touch, even by a sponge or leaning against a chair, Agar.

— a large portion of spine so sensitive to touch that she cried out, turned pale, and was seized with nausea, belching, and retching, | Atrop-s.

— sensitiveness of spine to touch, | Zinc.

— pressive pain in spine, between scapulæ, with short breath, worse on respiring, with pain in spinal vertebræ on being touched, Calc-c.

— could not bear least touch along whole vertebræ, Lyss.

— slightest touch on vertebræ produced an irritability akin to convulsions, Lyss.

— three upper dorsal vertebræ, very painful and sensitive to touch, | Chin-s.

Traumatic meningitis, | Hyper.

Twinges near dorsal vertebræ, | Amyl.

— of spine, with numbness of feet and hands, | Calab.

— numbness of feet and hands and other parts of body, burning and twingeing sensations referable to the spinal column, | Physos.

SPINE.

Twitching in spine, with great uneasiness, | Agar.

— myelitis with paraphlegia of extremities, of bladder and arms, with tendency to twitching and shocks, | Merc.

— over left rib near spine, then drawing pain between scapulæ, Lob-i.

— pain down spine, with twitching, Morphinum.

Uneasiness great in spine, | Agari.

— in lumbar vertebræ, | Sabina.

— in spine, with headache, | Agar.

Up, pricking up and down spine, Jug-cin.

— sensation as if quicksilver moved up and down spine, | Phos.

— cramp-like stitches up and down spine, Physos.

— numb, tired pains up and down spine and in head, | Curare.

— a sense of warm air streaming up spine into head, | Ars., Carbo-v.

Urinate, spinal anemia, ineffectual attempt to defecate or urinate, | Nux-v.

Vaccination, spinal curvature after vaccination, Thuja.

Walking, pain in spine when walking, then drawing pressure as if bruised, better on pressure, Ver-a.

— periodically returning insupportable pains in spine, which prevent walking, | Phos.

— pressure along spine while walking in open air, disappearing while sitting or standing, Mur-ac.

— violent shooting between shoulders and in the whole of back, worse on inspiring, with tension in spine, when moving the trunk, also in evening, better when walking, Nat-c.

— stitches in middle of spine on walking in open air, better when standing, jerking in sacrum and at same time above ankle, Calc-ac.

— aching pain in small of back or spine, worse when sitting, better by rising, walking, or lying down, Cobalt.

— slight drawing pain along spine in afternoon, changes to a seated, dull tearing in joints of legs, worse by walking, Stront.

— tired in spine when walking, so that lower part of spine feels broken, Sep.

SPINE.

Walking, shooting from dorsal spine, midway to left side, on beginning to walk in the room, then in a spot immediately below it in the loin, *Rumex*.

Warmth, rising from along the spine, | *Lyco*.

— extending to head from spine, *Can-ind*.

— in spine up to the neck, *Carbo-v*.

Weakness in dorsal region of spine, with intermittent prickings, *Raphanus*.

— aching along spine, especially between scapulæ and in lumbar region, with weakness across loins, *Arum-drac*.

— of spine, with soreness, *Diosc*.

— great weakness in the whole spine, *Hepar*.

— of spine in evening, *Alum*.

— peculiar and great weakness on both sides of spine, she could not lie on back, *Apis*.

— drawing along spine and calves, with weakness in feet, *Thuja*.

— spine weak and nervous, | *Nat-m*.

— spinal weakness and debility, with difficult evacuation of scybalous stools, | *Nux-v*.

— pain along spine in lumbar region, with weakness and straining, *Iodoform*.

— spine affected after pollutions, excessive weakness shows itself in legs, | *Sabadilla*.

— in spine, | *Æsc-h*, *Agari*, | *Cast-eq*, *Hep*, | *Phos*.

— in bending, the spine aches as if it were too weak to support back, *Agar*.

— and lack of mobility in the spine, it feels as if it would collapse on long sitting, *Bar-c*.

— of spine, from exhaustion, | *Gels*.

— of spine, giving rise to great fatigue, exertion, and frequent desire to urinate, especially in the morning, | *Phos-ac*.

— after typhoid fever, fears he will be paralyzed, *Selen*.

— of spine, with partial paralysis, | *Nat-m*.

Wince, pressure of finger between vertebræ causes patient to wince, | *Physos*.

HOMING PIGEONS AS MEDICAL MESSENGERS.

N. H. HAVILAND, M. D., FULTON, N. Y.

Until recently, in this country, little has been known of the important part the homing pigeon has taken in the affairs of men and nations. It is not my purpose in this article to give the origin of the homer; suffice it to say, that by a systematic series of crosses of several well-known varieties possessing great intelligence, endurance, and a strong homing instinct the homer of to-day was produced, in which we find combined the faculty of getting its bearings and a physical development which enables it to cover great distances.

I have a bird in my loft named Petroleum, which flew from Mississippi City to Newark, N. J., a distance of 1,092 miles in twenty-seven days, during which time he was kept a prisoner twenty-one days. This performance, however, is very rare, and from extreme distances, such as from points above 500 miles, the birds are at a great disadvantage, inasmuch as they are forced to forage for themselves, something they are not taught to do. The result is they are necessarily unreliable and slow, compared with the distance that can be made in one day. In 1885 the first homer flew 500 miles in one day; since then several have this record.

I recently purchased the fastest homer in this country. He flew from Wilmington, Del., to Newark, N. J., a distance of 100 miles, in 89 minutes, breaking all former records for speed. The Empire State Express could not do as well for an equal distance.

In establishing a loft it is best to buy of a reliable party two pairs of breeders of good stock, in order that their young may be crossed later without in-breeding. It is better to raise the youngsters in the loft from which they are to be trained, or placed there when not over six weeks old.

When a youngster is about a week old a seamless band is

placed on its leg, which cannot be removed when it grows older. Each band has the number of the bird and a letter which denotes the year the bird was hatched. These bands are issued and registered by the National Federation of American Homing Pigeon Fanciers, having for its object the breeding, training, and racing of homing pigeons.

Last year this organization alone issued over 70,000 registered bands. Thus you will have an idea of the number of birds bred each year.

Much of the pleasure and usefulness of the homer depends upon the loft, which should be well ventilated and lighted, being arranged so that it may easily keep clean, and convenient of access, over the carriage barn or stable, having a floor space of about 5 by 12 feet, the height not over 6 feet. This will accommodate 20 or 30 birds. Each bird should have a perch of its own. One side of the loft should have shelves 12 inches wide and 12 inches apart; the shelves being divided into apartments 4 feet long. This is for each pair to keep house in, and rear their young, and should have a small door in a screen in front of each apartment, which could be easily removed to clean the shelves. Each pair should have two earthen nest pans 3 inches deep and 9 inches across.

One of the windows should be raised and held up by a frame about 8 inches high and as wide as the window.

From the top of the frame stiff wire rods should be hung two inches apart, being arranged in such a manner that they will only swing inward, thus allowing the birds from the outside to enter easily, while the egress of those that are within is effectually prevented, except when wishing to let them out, by pulling a cord and lifting all the wires out of the way. The wires are called bolting or bob wires, and can be arranged to ring an electric bell in the house or office when a bird enters. Just inside I have a trap or cage in which the bird is a prisoner till the message is removed, after which a door is opened and he is then allowed to enter the loft. The birds,

except the breeders, should be given their liberty in the morning before feeding. After they have flown around for half an hour or so they will eagerly push through the bob wires to get their breakfast. Having eaten, they are kept prisoners until supper time, when they are turned out as before, and on their return are fed with grain the same as common fowls; this insures prompt return after exercise. Birds thus trained will go immediately into the loft when returning with a message.

When the birds are about two months old, and have flown around their loft, and are well acquainted with the location, they should be taken in a large picnic basket a few blocks from home and liberated—and every few days the distance should be doubled from the last liberating point.

My first use of the homing pigeon as a medical messenger was a number of years ago while attending a child, who was very sick with cholera infantum, nine miles away from home, without telegraph or telephone communication. Leaving my birds at each visit the mother gave me full reports of the case during the intervals of my calls.

One day my feathered messenger brought me word that the child was better, and that it would not be necessary for me to call till next day.

Just at dark another bird arrived with a note stating the child was worse, and to come immediately.

The mother believes the bird was the means of saving the life of her child. She also stated that it was a relief to her to have the little messengers with her, and she was lonely when the last bird had flown. Another time when my birds served me well was when my brother was sick with pneumonia, living a distance of thirty-five or forty miles, although it was during the cold days of December. They kept me regularly informed of the condition of my patient; without them it would have been impossible to have treated the case so far away.

In attending obstetrical cases in the country my man sees that I have my basket of homers the same as he does my obstetrical case. If I find my patient is suffering with false pains and my service is not required, I dispatch a bird home, stating that I will be there soon and for office patients to wait.

The remainder of the birds are left with the patient in order that she may inform me as to her condition.

When my patients keep homers, at my first visit I leave a basket of my birds and take a basket of theirs. By means of their liberating my birds, and I liberating theirs, it is possible to carry on a correspondence. Thus letters may be received and medicine sent for several days.

In like manner Dr. Lang, of Meridian, who also uses homers in his practice, exchanged a basket of birds with me, he releasing one of my birds with a letter, I replying with one of his. In this way we transacted some important business, though the distance was seventeen or eighteen miles.

The birds are useful in acute diseases, fevers, etc., when wishing to hear from patients between visits. Then, too, they are a means of pleasure, for your families can use them while away from home, visiting or camping.

The message can be written on a powder paper and folded into a narrow flat strip, about an inch and a half long, and inserted underneath the register band and the top of the paper bent or folded over the band.

To the homœopathic physician situated as I am, in a village surrounded by small towns, from two to eight miles out, and each containing a few homœopathic families, and only an allopathic doctor, for one to visit these places in each direction, and attend to his village work at times is impossible; but by aid of the homer he is enabled to do the work very much better. It is my belief that the physician should have some fad or hobby giving him rest or recreation, at the same time it is well calculated to give rest and recuperate the nerve

forces. It does not take him away from home, nor does it cause a great outlay of money.

In fact, we enjoy a small vacation each day while visiting our pets. It has always been my impression that the American idea of vacation is wrong. Working with an electric push as we do for eleven and a half months, then instead of seeking a much-needed rest, we start out to see everything and everybody, and the consequence is, we are apt to return home completely tired out. My idea is to gain comfort each day, catch the sunshine, and behold the beautiful flowers by the wayside, for we are passing this way but once.

THE NEW WAR LOAN.

TREASURY DEPARTMENT, OFFICE OF THE SECRETARY,

WASHINGTON, D. C., June 13th, 1898.

The Secretary of the Treasury invites subscriptions from the people of the United States for \$200,000,000 of the bonds of the 3 per cent. loan authorized by the act of Congress to provide ways and means to meet war expenditures. Subscriptions will be received at par for a period of thirty-two days, the subscription being open from this date to three o'clock P. M. on the 14th day of July, 1898. The bonds will be issued in both coupon and registered form, the coupon bonds in denominations of \$20, \$100, \$500, and \$1,000, and the registered bonds in denominations of \$20, \$100, \$500, \$1,000, \$5,000, and \$10,000. They will be dated August 1st, 1898, and, by their terms, will be redeemable in coin at the pleasure of the United States after ten years from the date of their issue, and due and payable August 1st, 1918.

The bonds will bear interest at the rate of 3 per cent. per annum, payable quarterly; the interest on the coupon bonds will be paid by means of coupons, to be detached from the bonds as the interest becomes due, and the interest on the

registered bonds will be paid by checks drawn to the order of the payees, and mailed to their addresses.

The law authorizing this issue of bonds provides that in allotting said bonds the several subscriptions of individuals shall be first accepted, and the subscriptions of the lowest amounts shall be first allotted. In accordance with that provision allotments to all individual subscribers will be made before any bonds will be allotted to other than individuals. All individual subscriptions for \$500 or less will be allotted in full as they are received, and such subscriptions must be paid in full at the time the subscription is made. If the total sum subscribed for in amounts of \$500 or less should exceed \$200,000,000 the allotments will be made according to priority of the receipt of the subscriptions.

Allotments on subscriptions for over \$500 will not be made until after the subscription closes, July 14th, and will then be made inversely according to the size of the subscription, the smallest subscription being first allotted, then the next in size next, and so on, preference being given to individual subscriptions. Persons subscribing for more than \$500 must send in cash or certified checks to the amount of 2 per cent. of the sum subscribed for, such deposit to constitute a partial payment, and to be forfeited to the United States in the event of failure on the subscriber's part to make full payment for his subscription, according to the terms of the circular. Allotments to subscribers for more than \$500 will be made as soon as possible after the subscription closes.

In order to avoid a too rapid absorption of funds into the Treasury, with a possible consequent evil effect on industry and commerce, any subscriber for more than \$500 will be permitted to take his allotment of bonds in instalments of 20 per cent., taking the first instalment within ten days after the notice of the allotment, and the balance at four equal intervals of forty days each, in four instalments, each of 20 per cent. of the bonds allotted. Delivery of bonds will be made

in instalments as payment for them is received, and payment must in all cases be made in full as the bonds are taken. The 2 per cent. deposit will apply on the final instalment. Any subscriber may pay for the whole amount allotted him within ten days from the date of the notice of his allotment. Interest will be adjusted from the time of the actual payment, whether paid in one sum or in instalments as permitted. Separate subscriptions from one individual, although made from time to time, will be aggregated and considered as one subscription for this issue of bonds.

The Secretary of the Treasury will receive in payment for the bonds post-office money orders payable at Washington, D. C., and checks, bank drafts, and express money orders collectible in the cities of New York, Boston, Philadelphia, Baltimore, Washington, Cincinnati, Chicago, St. Louis, New Orleans, and San Francisco. All money orders and bank drafts must be drawn in favor of the Treasurer of the United States. The money orders and bank checks so received will be forwarded for collection by the Department, and as soon as returns are obtained the subscriber will be credited with the amount of his subscription as of the date of collection. The Secretary will also receive in payment for the bonds certificates of deposit issued by the Assistant Treasurers of the United States in the above-named cities. These certificates of deposit may be obtained from any Assistant Treasurer in exchange for gold coin, gold certificates, standard silver dollars, silver certificates, United States notes, Treasury notes of 1890, and national bank notes; and the subscriber will be credited with the amount of his subscription as of the date of the certificate of deposit. The Secretary will also receive currency sent by registered mail or by express direct to the Treasury Department.

For the mutual convenience of the subscribers and the Department, a blank form of letter to accompany remittances has been prepared, and it may be obtained at the offices of

national and State banks generally, at the several sub-treasuries of the United States, at any money-order post-office, and at any express office.

The bonds will be dated August 1st, 1898, and they will be forwarded to subscribers at the address designated by them free of expense for transportation as soon after that date as possible. The bonds will be accompanied by a check for the amount of interest due the subscriber at the rate of 3 per cent. from the date of his payment to August 1st, 1898.

All remittances and other communications relative to this loan should be addressed to the Secretary of the Treasury, Division of Loans and Currency, Washington, D. C.

All subscriptions must be received at the Treasury Department, Washington, D. C., not later than 3 o'clock P. M., Thursday, July 14th, 1898. No subscriptions received after that date and hour will be considered.

L. J. GAGE,
Secretary.

ENCOURAGED TO COMPLETE THE VACCINATION ARTICLES.

37 VICTORIA ROAD, DARLINGTON, ENGLAND,

May 15th, 1898.

EDITOR:—I hope that the response to your request for opinions as to the Royal British Commission articles of Dr. Levenson has been such as to encourage you in their completion. I shall feel great sympathy with you under the ordeal if not.

I am yours truly,

ALEX. WHEELER.

VACCINATION VIEWED BY A POTENT ENEMY OF VACCINATION.

1223 SENATE AVE., N.,
INDIANAPOLIS, IND., May 22d, 1898.

MY DEAR DR. JAMES:—Your kind letter of recent date is at hand.

In my opinion the medical men should wake up on the vaccination question and learn something more about it than the mere technique of the operation itself. I have studied the subject enough to enable me to write thirty articles on it in the last five years, to take it into our State society twice, our city society twice, and a national society twice (and oftener on discussions). I inclose a few samples, showing that I have the courage of my convictions. One of your own papers (*Philadelphia Evening Item*, May 23d, 1894), did me the honor of quoting largely from one paper, not one I herewith inclose. Next Wednesday I read a paper on "The Treatment of Cancer" before the Kentucky Homœopathic Institute, Frankfort, and shall show how vaccination is the master cause of cancer that is now fastening such a strong hold on the "civilized" world.

If I can find time to-morrow I may make a copy of the vaccination part of it and send it to you for perusal or such use as you may see fit.*

Yours fraternally,

WM. B. CLARKE.

CORRECTION.—In the June number of THE HOMŒOPATHIC PHYSICIAN at page 240, line 11 from the bottom, "concensus" should be spelled *consensus*. The same error occurs on page 245, line 20, and should be similarly corrected. Page 245, line 10, first word "with" should read *by*.

* See June number of THE HOMŒOPATHIC PHYSICIAN, page 246

NOTES AND NOTICES.

DR. J. S. BELL, of Rock Valley, Iowa, has removed to 2200 Congress Street, Chicago, Ill.

FOR SALE.—Vols. 12, 13 and 14 of THE HOMŒOPATHIC PHYSICIAN, unbound.

WM. STEINRAUF, M. D., St. Charles, Mo.

THE MONUMENT TO HAHNEMANN, unequaled in this country and unsurpassed anywhere as a work of art—already famous—is now nearly completed. The granite work from the quarries of the Maine and New Hampshire Granite Co. has been finished with the exception of some of the finer carving and the lettering. The statue and bas reliefs have been cast in bronze by the Gorham Mfg. Co., and will be exhibited at the several art exhibitions this season in New York. It is not designed alone to honor the leader of a great reformation and founder of a school of medicine, but also as an enduring monument to the stability and growth of our method of cure, directing general attention to our existence, exerting an influence on local recognition and legislation, and strengthening our position everywhere in this and other lands.

The treasurer of the fund, Henry M. Smith, M. D., 288 St. Nicholas Avenue, New York, is out in a circular urging every member of the profession to send him a uniform subscription of five dollars (\$5.00), to enable him to complete the amount necessary to pay for the monument.

THE HOTEL LITHIA, Tallapoosa, Georgia, is a modern and thoroughly substantial Hotel, finished throughout with hard-wood, and supplied with the latest improved plumbing. Rooms are lighted with electricity, heated with steam, and many of them with open grates. The rooms are single or in suites of two or more, a number of the suites having private bath and dressing rooms attached. Electric bell to each room. The furniture is elegant, beds supplied with hair mattresses and improved springs.

Elevator, baths, billiard rooms, and ball room; spacious halls and rotundas on every floor; over 400 feet of 14-foot verandas; large balconies on each floor, and an observatory commanding a view of the surrounding country for fifty miles. The dining-room, "with truss girders and no posts," is ample to seat 250 guests. The hotel will be conducted in a strictly first-class manner, on the American plan, at reasonable rates. Invalids traveling for their health will find in this hotel all the comforts of a home. Pure spring water used for drinking and cooking. A resort for health and pleasure, winter and summer, in the mountains of North-west Georgia, on the southern extremity of the Blue Ridge range and Piedmont plateau, on the Southern Railway, in the heart of a long-

leaf pine and hard-wood district, 1,200 feet above the sea. The climate, winter and summer, cannot be surpassed by any section of the United States. While not as warm and enervating as the sub-tropical climate of Florida, in the winter it is mild, with continuous days of sunshine and scarcely ever a fall of snow. It is a happy medium between the warm, heavy, enervating climate of Florida and the severe cold of the North, giving at once to the nervous and sleepless and to the over-worked brain and body a soothing and restful influence. It seems to be Nature's own sanitarium. Northern physicians send their patients here for recuperation. Throughout the summer the nights are cool, and it is an exception when blankets are not needed for comfort. Mean temperature, spring and fall, 68 degrees; summer 71 degrees; January (the coldest month) 43 degrees. Annual temperature, as determined from Government observations, 61.5 degrees. No unhealthy marshes or swamps, and the best of freestone water abounds in inexhaustible springs in hillsides and valleys. The absolute healthfulness of the locality is attributable to the high elevation, pure water, perfect drainage, pine-laden air, absence of swamps and limestone, no excess of heat or cold or extreme changes of temperature, and no silurian or limestone valleys.—*E. H. Holbrook, M. D., Manager.*

A GREAT REWARD: To the Editor of *The Times*:

The accompanying little story was sent me by a niece in the West, and was written by a little boy in Denver, one of a class of children of six or eight years old, who had been requested by their teacher to write a story, they to select a subject, and their compositions not to be subject to revision by their teacher, but to be read before the children's parents exactly as written. This is one of the number submitted, and I thought it might amuse your readers.

Yours truly, C. J. PRICE.

A poor young man fell in love with the daughter of a rich lady, who kept a candy shop. The poor young man could not marry the rich candy lady's daughter because he had not enough money to buy any furniture.

A wicked man offered to give the young man twenty-five dollars if he would become a drunkard. The young man wanted the money very much, so he could marry the rich candy lady's daughter, but when he got to the saloon he turned to the wicked man and said: "I will not become a drunkard, even for great riches. Get thee behind me, Satan."

On his way home he found a pocket-book containing a million dollars in gold; then the young lady consented to marry him. They had a beautiful wedding, and the next day they had twins. Thus you see that "virtue has its own reward."—*Philadelphia Times*, April 13th, 1898.

THE
HOMŒOPATHIC PHYSICIAN,
A MONTHLY JOURNAL OF
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. XVIII.

AUGUST, 1898.

No. 8.

OFFICIAL ACCOUNT OF THE EXHUMATION OF
THE BODY OF HAHNEMANN AT THE CEME-
TERY MONTMARTRE AND OF ITS RE-
MOVAL TO PERE-LACHAISE.

Furnished by the French Homœopathic Society and the Representatives
of the International Tomb Committee, present at the ceremony
on May 24th, 1898.

[The hearts of all homœopathists whose eyes rest on these pages, whether patients or physicians, will throb in sympathy with the pathos and enthusiasm which they portray. The glowing words of Dr. Cartier and Dr. Léon-Simon paint before our minds a vivid picture of the solemn but simple and touching ceremony around the grave of him whom we are proud still to call our Master. We are proud, for, great as is the truth of Homœopathy, Hahnemann taught us even more than this. He taught us to observe, to experiment, to judge for ourselves.]

The new spring of life described by our article carries a lesson with it—a type of youthfulness and of resurrection. We think of Hahnemann in his young days—a scholar, for at twenty we are told he was acquainted with Hebrew, Greek,

Latin, French, Italian, English, and perhaps Arabic; a scientist (witness his varied writings on chemistry, hygiene, etc., in the best medical journals of the day); and a physician. In these, his pre-homœopathic days, he was successful, sought after, and honored, at Dresden, Leipsic, and Mayence. Good had it been for Hahnemann had he never been a physician—but bad for his posterity. We think of him paying dearly for his grand discovery—persecuted and driven from Königsutter, from Hamburg, from Leipsic, and, skipping over his period of rest and success in Coethen and Paris, we follow him to his obscure and unnamed grave in Montmartre Cemetery. Is it too much to say that he spent his long life for others—for humanity rather than for himself; that he lived and died a martyr to the convictions and teachings to which we owe so much? But as time removes the prejudice against which he struggled, history begins to record the verdict of posterity. If he died unhonored, he lives again in tens of thousands of his followers all over the world, and millions of sufferers have arisen to bless his name. Untold numbers will rejoice that his grave has not been allowed to pass into oblivion, but that with the growth of his fame and the spread of his doctrines the age demands that justice be done to him. No longer unhonored, he takes his place among the departed heroes of that great nation which gave shelter to him in his later years. The spring time has arrived for him once more.

In the name of our confrères in this country and of their many patients—Hahnemann's debtors and admirers—we congratulate our colleagues in Paris on the energy and loyalty they have shown in the work intrusted to them by their brethren the world over. We are thankful for the completeness of their success, and in particular our gratitude is due to Dr. Cartier, on whose unwearied devotion so much has devolved. We look forward to the great gathering which shall take place in Paris in 1900, when representatives from all parts of the globe will pay the grateful homage of all nations to the genius, the labors, and the altruism of Samuel Hahne-

mann. Perhaps it is too much to hope that even those who fail to understand and follow him will have the liberality, good taste, and judgment to join in honoring him so soon. But this will come—and more also.

The subjoined report is translated from the official account published in the *Revue Hom. Francaise*.—EDS. M. H. R.]

On Tuesday, May 24th, 1898, in the presence of the civil authority and of thirty-five other persons, the solemn exhumation of the body of Samuel Hahnemann, founder of Homœopathy, took place. The ceremony began at half-past eight in the morning by the arrival of the Commissioner of Police, representing the civil authorities, who permitted the exhumation of the body of Hahnemann and that of his wife, in accordance with the arrangement made with the Baroness Bœnninghausen, the adopted daughter and heir of Hahnemann's widow. There were present:

Dr. Süss Hahnemann, grandson of Samuel Hahnemann, who came from England.

Mr. Cloquemin, Vice-President of the Transatlantic Company, representing the Baroness of Bœnninghausen.

The International Committee was represented by Dr. Richard Hughes, of Brighton, and by Dr. François Cartier, Secretary of the Paris Committee.

There were present also the following doctors and chemists: Léon-Simon, President of the French Homœopathic Society; Parenteau, Conan, Jousset, Sr., Jousset, Jr., Nimier, Faure (J. B.), Guinard, Faure (Elie), Tissot, Dezon, Nuguay, Boyer, Love, Chancerel, Sr., Chancerel, Jr., Georges Tessier, Trichon, Peuvrier, Heermann, Vautier, Koenick, Giradeau, Ecalle, and Bernard Arnulphy, of Chicago.

Dr. Gannal, who was present at the embalming of the body of Hahnemann as an assistant to his father fifty-five years ago, was also present at the ceremony. Thirty-five persons in all gathered for the occasion, including five who were not medical men.

A telegram from Dr. De Brasol, President of the Com-

mittee, addressed to the Secretary of the Committee, was read at the beginning of the ceremony:

"Am not able to come, am with you in spirit at Paris, taking a deep interest in this solemn occasion. It is comforting that due honor is at last being rendered to our master. Wish success to the work you have so energetically undertaken, and that in two years the tomb may be adorned by the beautiful monument.—DR. BRASOL."

Dr. Cartier was the first to speak:

"Gentlemen—In face of this open grave and before this coffin containing the body of Samuel Hahnemann, our illustrious master, my duty is not to retrace the work of this man of genius, who has moved the world by his ideas and his doctrines. As Secretary of the International Committee of this monument and French delegate, the only one able to act on the spot, I must give to you who are present here and to all those who over the whole world are anxiously awaiting the result of to-day's ceremony, clear and decisive proof that we are in the presence of the precious remains of Samuel Hahnemann, and that the monument that we are to erect at Père-Lachaise will undoubtedly cover the body of the founder of Homœopathy. This is necessary, because of recent polemics which have appeared on this subject in different homœopathic journals; and which it is very important to correct by giving authentic proofs.

"The evidence may be summed up in two groups:

"First. The information furnished by the register of the civil authority, and by the statements of the family and of homœopaths coinciding with the marks on the vault and on the coffin.

"Second. And finally opening of Hahnemann's coffin, whose features ought to be still recognizable. We have to demonstrate that Hahnemann was buried in the grave of Lethière, and that it is Hahnemann's body which is found on the opening of the first coffin. On the one hand, the

books of the cemetery and of the registrar; on the other, the information furnished by the grandson of Samuel Hahnemann, Dr. Süss Hahnemann, who is here present; by Madame Boenninghausen, the adopted daughter of the late Madame Hahnemann, née d'Hervilly, by Hahnemann's contemporaries, by those who have written on his life; all these testify that Christian Samuel Hahnemann died in Paris in 1843, and was buried in Lethière's sepulchre, indicated by a perpetual grant, bearing the No. 324, of 1832, and 414 of 1834. On the left is the Hahnemann sepulchre, bearing the No. 231, in the year 1847.

"This sepulchre contains only the body of Hahnemann's widow, née Mélanie d'Hervilly, who died in 1878.

"Certain homœopaths have erroneously supposed that the body of Hahnemann was put into this sepulchre.

"Gentlemen, it is now open before you, it contains only one coffin, whose description answers to the registered account of Madame Hahnemann, née d'Hervilly.

"The sepulchre Lethière, where the body of Hahnemann reposes, has been reproduced in a print, in the journal of Dr. Schwabe, the *Homœopathischer Kalendar*, in 1892, more recently in the *Hahnemannian Monthly* of October, 1896.

"Since the drawing was made of the sepulchre, the zinc roof has been taken away, but you can see its identity with the drawing that I show you, by the iron railing and the shape of the tombstone. Finally, you see, as a convincing proof, in the corner of the tombstone, this inscription: 'C. P. 324.' (Perpetual Contract 324.) We knew also, through the cemetery authorities and through the account of the family and homœopathic physicians, that Hahnemann's coffin was the last interred. The body of Gohier was the first buried, the cemetery authorities possess no longer the date of his death; the body of Lethière, who died in 1832, is in the middle, then the last one, that is to say the first beneath the stone, is the body of Hahnemann, buried in 1843. The number of

Hahnemann's coffin inscribed in the register of Montmartre Cemetery is No. 1252, 1st ward (*arrondissement*), 1843.

"Now, gentlemen, you are here to-day to verify these facts. We read distinctly on the first lead coffin which presents itself, separated from the others by a layer of cement, immediately below the stone of the Lethière sepulchre, the following inscription, which has not been at all altered by the weather: 'No. 1252, 1st ward (*arrondissement*), 1843.' Higher up, on the coffin, you can see a lead stamp (mark) as follows:

" 'BREVET D'INVENTION.
Embaumement Gannal.'

"Now we know that Hahnemann's body was embalmed by one of the first specialists of the day.

"The firm of Gannal still exists, 6 Rue de Seine. I had the opportunity of seeing Dr. Gannal, the son and successor, who was his father's assistant at the embalming of Hahnemann, and who still remembers the operation. The embalming was done, according to him, with sulphate of Alumina (Gannal's process), although Dr. Süß Hahnemann, equally an eye-witness, asserts that Arsenic was the agent employed.

"On Gannal's books these words are still found: 3d July, 1843, 'Embalming of Dr. Hahnemann, 2,000 francs.'

"To-day Dr. Gannal is with us and desires to be present at the exhumation. I will now sum up in order the proofs of the identity of Samuel Hahnemann's body.

"First. Hahnemann was buried in the sepulchre Lethière, and not in the Hahnemann's sepulchre, in accordance with the statement of an eye-witness, Dr. Süß Hahnemann, grandson of Hahnemann, with the attestation of Madame de Boëninghausen, adopted daughter of Madame Hahnemann, his widow, with the writings of all those who have related Hahnemann's life.

"Second. Hahnemann's coffin, in the Lethière sepulchre,

is certainly the one bearing the No. 1252, 1st ward (*arrondissement*), 1843.

"For, firstly, the No. 1252, visible on the coffin, corresponds with the number in the cemetery's register; secondly, the Rue de Milan, where Hahnemann died, at the present time in the 9th ward (*arrondissement*), belonged to the 1st ward of Paris in 1843.

"Third. Hahnemann alone died in 1843, and was buried in the Lethière sepulchre, where two other bodies already lay buried, one in 1832, and the other at a still earlier date.

"Fourth. The stamp bearing the mark of Gannal's embalming is still another proof.

"Finally, gentlemen, in order to dispel any remaining doubts, I obtained from the police authorities consent to open the lead coffin. We are going to be present at a touching and unique spectacle; we shall look upon the remains of him who is our everyday guide—our common master. The features of Hahnemann, who has slept for these fifty-five years, will see the light for the last time."

After the address of Dr. Cartier, M. Cloquemin spoke. On behalf of Madame de Bœnninghausen, whom he represented at the ceremony, he thanked the Homœopathic Society, and in particular Dr. Cartier, for the work of the homœopathic physicians, in which, he said, Madame la Baronne de Bœnninghausen takes the greatest interest. She rejoices to know that the remains of her mother, of whom she entertains a most affectionate remembrance, will be placed with those of Dr. Hahnemann in the same grave in Père-Lachaise.

Dr. Simon, President of the French Homœopathic Society, then gave the following address:

"Gentlemen—Thanks to the good-will of Madame la Baronne de Bœnninghausen, to the kindness of M. Cloquemin, and to the zeal of Dr. Cartier, we are able to honor the memory of Samuel Hahnemann according to our dearest wish; the French Homœopathic Society offers them its sin-

cere gratitude. It is ready to receive the two coffins from the committee represented by Dr. Hughes and Dr. Cartier. You may rest assured that we shall carefully watch over this precious charge. Two generations have already passed, gentlemen, since our master left this world, and to the grandchildren of his contemporaries the unexpected task falls of providing him a tomb less modest than the one in which he has rested until now. Strange turn of events, which proves once more that man proposes and God disposes; which also demonstrates again that Hahnemann's glory is proof against time!

"For firstly he lives again in his grandson, who follows faithfully in his footsteps; and next his name is not likely to be forgotten, because instead of working for his own time and for himself, he has worked for all ages and for humanity.

"Therefore, it is of little importance that the present age, blind and ungrateful, has disowned and disdained him, posterity of which we are the vanguard, is ready to do him justice.

"Hail, Hahnemann! We bow before thy venerated remains, to which, more fortunate than our predecessors, we can render the honors due. Full of faith in the future, we give our brethren rendezvous at thy mausoleum at the Congress of 1900. The tomb will appear to them more glorious, enlightened by the dawn of the next century, which will certainly see the triumph of thy teaching."

After the earnest speech of Dr. Simon, who deeply moved the audience, Dr. Richard Hughes, of Brighton, came forward and gave the following address in French:

"Gentlemen—In obedience to the wish of my colleagues, I say a few words in the name of the English homœopaths, and you will forgive me if I do not express myself as well as I should desire in your language.

"England cannot boast of being either the birthplace or the burial place of Samuel Hahnemann; she is not, however, wanting in her devotedness to his memory, any more than

Germany or France. Her institutions show it. In the year when he died, she had already started the *British Journal of Homœopathy*, and in the following year the British Homœopathic Society was founded. Five years later the London Homœopathic Hospital was opened, lately rebuilt at a cost of £48,000, and containing now a hundred beds. The *Journal* bore up the flag of Homœopathy for forty-two years; the Society and the Hospital continue their work to this day. As a representative of them, and also of our present journals, I come amongst you to-day, bringing their fraternal salutations to *l'Art Medical*, to the French Homœopathic Society, and to the Hahnemann and Saint Jacques Hospitals.

"You have heard from Dr. Cartier what we have to do and what has already been accomplished. Our warmest thanks are due to him, as well as to the Society for which he acts, for having so well cleared away all obstacles from our path. To-day the disciples of our master can reclaim his precious body, look upon his features—so calm in the profound rest of death, and take him out from his obscure surroundings in order to deposit him among the

" 'Kings of thought

Who wage contention with their time's decay,
And of the past are all that cannot pass away.'

"This is our task for to-day. To-morrow we shall make ready to erect over these remains a monument worthy of his merits and of our veneration for him, at the sight of which the world can ask, What was this man, to whom after more than fifty years his disciples have shown so much honor? It will ask; and those who know his worth already will make pilgrimage from all the countries of Europe, from North and South America, from India, from Australia, and will rejoice to see the master thus honored. They will return home, armed with a new courage to follow in the path which he opened up for the advancement of their art and for the benefit of their patients.

"French colleagues! England joins with you in your desires and in your work."

SPEECH OF DR. SUSS HAHNEMANN IN FRENCH.

"As a representative of Germany and of Hahnemann's family, I am very happy that I am allowed to take part in this interesting ceremony. Fifty-five years ago I was present at the funeral of my grandfather, who was left here without a name and without a monument for more than half a century.

"Thanks to the International Committee, and especially to Dr. Cartier, Samuel Hahnemann has found a resting place worthy of his name."

OPENING OF THE COFFIN.

After the speeches were concluded the workmen proceeded to the exhumation of Hahnemann's coffin. In the presence of the Commissioner of Police the workmen raised the coffin to the surface by means of ropes; it was placed on the boards which covered up the hole made by the previous exhumation of Madame Hahnemann. Dr. Gannal, who superintended the operations, discovered that the lead coffin of Hahnemann had been screwed down and not soldered, and he told the physicians that he feared the body might not be well preserved. The workmen removed the screws which were not too rusty, and forced out those which were worn out by age. The lead cover gaped at the end, and those who were present perceived Hahnemann's feet, wrapped up in cloths, resting against the sides of the coffin; they appeared well preserved, but as they continued pulling out the screws, and as the lid opened wider, it was noticed that there was water in the coffin, and the fears that the body would not be well preserved increased.

At last the lid opened wide, and Hahnemann's body was seen, covered and wrapped up with silk bandages. The con-

formation of the body, outlined under the embalming bandages, was preserved; the body was slightly shrunken, but what most struck the onlookers was the short stature of Hahnemann. On asking those who knew him, we got the reply that the founder of Homœopathy was, in fact, very short. The body was lying in water, the fluid not being produced by the embalming, but coming from the outside. The soil of Montmartre Cemetery was continually infiltrated, according to competent authorities, the water flowing along from the clay bottom; but if the coffin, in 1843, had been soldered and not screwed, it would not have penetrated. Water in the coffin necessarily brought about the decomposition of the body.

The embalmer took great care, besides applying the silk bandages, to cover the head and the hands with pieces of wool soaked in "essence." At the end of the half-century these pieces of wool appeared like large sponges enveloping Hahnemann's head, and his hands which were crossed over his body.

Dr. Gannal removed from the face and hands the remains of the wool and silk bandages, which were better kept than the rest.

The head was found to be a mere mass of decomposed tissue and bones. He searched for the glass eyes which had had to be placed in the orbits.

Hahnemann's body was completely decomposed. There only was found a long tress of woman's hair twisted round the neck, probably Madame Hahnemann's hair.

In view of its being an impossibility to recognize Hahnemann's features, Dr. Gannal was fortunately able to produce for us several tokens from the coffin, which assured the identity of the body, and which we give in detail.

FIRST.—THE WEDDING RING.

Dr. Gannal examined the separated bones of the hand, and finished by discovering on one of the metacarpals Hahne-

mann's wedding ring. This gold ring was shown to the spectators; it was made of two small ones, which could be separated by a penknife, and on one of them was engraved these words:

*"Samuel Hahnemann. Melanic d'Herzilly.
Verbunden Coethen, 18 Janvier, 1835."*

The ring was replaced on one of the bones of Hahnemann's hand by order of the Commissioner of Police.

SECOND.—THE GOLD MEDAL FROM THE FRENCH HOMŒOPATHS.

At Hahnemann's feet was found a bottle corked with emery and sealed up. The police officer gave permission to break it; it contained papers respecting Gannal's process of embalming, the gold medal from the French homœopaths to their master, together with an autograph letter from the late Madame Hahnemann, which formed the final link in the chain of evidence of identity furnished by the coffin. The gold medal, in an excellent state of preservation, represents on one side Hahnemann's profile, by David of Angers, the sculptor of Hahnemann's famous bust, which is used as a model for his portraits. On the other side is the following inscription:

*"A leur maitre, les homœopathistes Francais.
Similia Similibus Curantur."*

This medal was struck in bronze. Dr. Boyer had brought with him an exactly similar specimen to that found in the coffin. After having been examined by the company the gold medal was replaced therein.

THIRD.—THE AUTOGRAPH OF THE LATE MADAME HAHNEMANN.

Among the papers concerning the embalming, found stored in the bottle, was an autograph letter from Madame

Hahnemann, which the Commissioner of the Police permitted to be reproduced by photography. The authenticity of the handwriting of Madame Hahnemann was attested by witnesses who had known the widow of the discoverer of Homœopathy. Monsieur Cloquemin, representing the Boenninghausen family, and Dr. Heermann (of Paris), recognized the handwriting without the least hesitation.

The facsimile of the letter is here reproduced:

Cher tonton, Frédéric, Samuel

Hahnemann

est à Muesen, en Saxe

le 10 avril 1755. mort à

Paris le 2 Juillet 1843 =

La femme

Mme Melanie D'Hervilly

te regardra dans ce tambour

ainsi qu'il t'a desu -

et l'on y inscriera ces mots

trous par lui =

Hæc nostro cinere cinis ossibus ossa sepulchro

Miscuitur vivis et sociavit amor

~~~~~

END OF THE CEREMONY AT MONTMARTRE.

By ten o'clock the ceremony at the Cemetery Montmartre was over, having lasted an hour and a half. The workmen replaced the lead cover; the leaden shell was then put into a new wooden coffin, on which they nailed the old plate (No. 1,252, 1st ward, 1843), also a very large new copper plate on which the name "Samuel Hahnemann" was engraved. At this time the company withdrew, convinced of the identity of the body, but regretting the unsuccessfulness of the embalming.

Hahnemann's coffin, and that of his wife, were placed in a hearse, and ten persons accompanied it to the Cemetery of Père-Lachaise, among whom were Drs. Süß Hahnemann, Richard Hughes, Simon, Heermann, and Cartier, and Monsieur Cloquemin.

AT PERE-LACHAISE.

By contrast with the retired spot in Montmartre, so small and mean, the new resting place of Hahnemann appears a veritable rehabilitation. The Chemin du Dragon at Père-Lachaise, where the founder of Homœopathy is now buried, is one of the most picturesque of roads, planted with a variety of trees, and having about it something at once grand and mysterious. Perhaps this name was given to it on account of a likeness to the places where this mysterious and incomprehensible creature was supposed to frequent. At every turn in this renowned corner of Père-Lachaise the mind lives again with all the grand and celebrated men that France has sheltered in science, the fine arts, and war. Here music is represented by Rossini, Auber, Donizetti; there the poets and celebrated writers. Racine lies almost beside Hahnemann; a little further on are Molière and Lafontaine. Science is represented by Gay-Lussac and Arago. The celebrated physician and neurologist, Gall, is a few steps lower down than Hahnemann. Lastly, on the

same side are the tombs of the marshals of the First Empire—Ney, Davout, etc. The Chemin du Dragon is the route usually taken by tourists who visit this renowned cemetery—the chief in Paris—by thousands.

“What good fortune!” exclaimed one of the company, on arriving at this place. In fact, Hahnemann’s tomb is just on the border of the Chemin du Dragon where two roads cross.

In this way the site of the future monument can be reached by three different routes.

Whilst the spectators admired this part of the cemetery and its adornment of spring verdure, the gravediggers put Hahnemann’s coffin into the grave. They placed the body parallel with the road, in such a manner that the head of the great man will be found at the right-hand side of the monument, the feet at the left; finally, the little coffin enclosing the remains of Madame Hahnemann was placed at Hahnemann’s feet. The workmen immediately proceeded to cement the vault after putting down the two coffins, and covered them with concrete in the presence of the onlookers, who only left the place after the grave had been perfectly closed and filled up.

A temporary railing and a crown will be the simple ornaments over the precious remains of Hahnemann, until the day when, deeply moved, the homœopathists from all parts of the world will complete the work of restoration in honor of their venerated master—a work the more brilliant because so long deferred.—*Monthly Homœopathic Review*, of London, England. Edited by Drs. Pope, Dyce Brown, and E. A. Neatby. July, 1898, page 385.

COMMENTARIES ON *THE ORGANON*.*

(The Problem of Potentiation, *Organon*, Section 916, 280 Note Sq.)

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POTENTIATION *versus* EVOLUTION.

Hahnemann in no matter has been more felicitous in expression than when he called the force-developments (*Kraftentwicklungen*) of medicine potencies (*Potenzen*), an expression which recommends itself at once in two aspects. Very soon, in his peculiar method of developing the latent medicinal forces of substances by means of a large quantity of an inert vehicle, he found that there was no thinkable test to show the developed force aside from the physiological one furnished by the organism in its reaction upon it. Driven, therefore, to acknowledge in the medicine prepared by distributing it in a large quantity of vehicle in a certain constant ratio, a power to act upon the living organism of man, he could no better express the nature of these preparations than by the term *Potency*—i. e., a power to act if its energy is called into requisition by the homœopathic law. Furthermore, adopting the ratio of 1 : 100 for his proportion of medicine to vehicle, the mathematical conception of involution, viz., raising a number to a potency desired came in quite naturally for application in homœopathic therapeutics, inasmuch as the root of the potency was one drop of fluid medicine-substance mixed with 99 drops of an inert fluid vehicle under suitable succussion, or one grain of dry medicine triturated with 99 grains of an inert vehicle, by which he obtained the first centesimal potency. This answered the purpose of notation very well, because the exponents would indicate in every instance how many times the crude substance had been distributed

* Contributed to the proceedings of The International Hahnemannian Association at its meeting in June, 1898.

throughout the vehicle in the centesimal ratio. However, this seems to be not quite correct, because at every new potency the preparation acquires new properties of medicinal action, which militates against the mathematical idea of a "power," which is a product developed from *equal* factors, for the different potencies of a medicine-substance are not equal factors, because their value by virtue of their potential quality is determined only by the organism upon which it is to act, according to homœopathic law.

However, if we admit that the magnitude which is subjected to involution is also constant in the homœopathic potentiation, since the remedy, in spite of its variability of action in its potencies, remains the same—Sulphur always is Sulphur in crude substance or in highest potency—the adaptation of the mathematical conception of involution for the homœopathic pharmacy is quite correct, and proves a happy discovery of the old master. The term potency is to be preferred to all other terms already, for the reason that in its variable quantity of mixtion with inert vehicles it not only denotes the diminution of the substance and its refinement and final disappearance, but also the invariable quality of the organic action without losing its firm practical standpoint, which awards to it the power to act on the organism, though it cannot be tested by physico-chemical methods alone. The term potency, therefore, is to be preferred to all other terms.

Thus the term "dilution" is inappropriate, because it relates only to the distribution of the medicine-substance to the fluid vehicle, which soon comes to an end when the limit of materiality is reached and is inadequate to express the development and continuation of the medicinal force contained in the crude substance beyond the limit of materiality. Dilutions, properly speaking, can only refer to objects of taste and color, says Hahnemann, and can never be dynamizations (*Chronic Diseases*, Vol. V, preface).

Attenuation is a term which can only find its appropriate

use as far as the materiality of the substance is concerned, and is likewise unfit for the higher potencies. These remain true attenuations or dilutions, but no dynamizations.

Dynamization is a term frequently used by Hahnemann, expressing exactly the same meaning as potency, and depends already upon the doctrine of Leibnitz that every substance involves force, which certainly is verified by Hahnemann's doctrine of potentiation. It has at the same time the advantage of being derived from the Greek *dynamis*, which has already been acknowledged in the doctrine of mechanics in physics, under the name of dynamics, and lies at the foundation of the whole Hahnemannian doctrine of homœopathics. It is then a matter of taste to use the term potency or dynamization, and relieves the monotony of expression of one and the same conception. Still the term potency recommends itself for its being brief and practical in denoting the power of medicine to act on the living organism.

In Section 16 of his *Organon* (fifth ed.), Hahnemann gives us in his comprehensive manner the instruction that all diseases originate in the dynamic change of the living organism, and that it can only be removed and therefore healed by similar dynamic remedies, the preparation of which he later on describes. This, he says emphatically, is the science and art of healing, termed by him appropriately homœopathics.

The postulatam for preparing powerful remedies, therefore, would be that they are to be developed from the crude substances so as to exert in their administration the necessary dynamic character similar to that of disease, but no material action whatever. Now the discovery of potentiation by Hahnemann was so out of the common and went so glaringly against the natural laws propounded by physics and chemics, which in their development assumed to fathom the origin, essence, and being of all things that his precious gift to mankind has been ridiculed, despised, and rejected

as useless by most physicians, natural philosophers, and other wise men, nay, even by the great majority of adherents to the homœopathic profession. They have raised the banner *Similia Similibus* unknowingly as antagonistic to the doctrine of potentiation, and going against the very safest formation of homœopathics. They have, some purposely and some unwittingly, overlooked that Hahnemann persists upon the immateriality and dynamicity of disease, which to him is nothing more than a spirit-like, dynamic, virtual change of health in the system, a change in that something which keeps the body alive, regulating and arranging in it the contending and antagonistic or assimilative physical and chemical forces. This something he calls vital force, life-force, and without it no individual can live. It is by the wonderful natural potentiation that the body is built up after the creation and incarnation of the spirit, and develops to maturity, and then is preserved in more or less integrity and constant activity till death ensues. Some physiologists assert that matter forms the spirit by the inherent eternal properties of matter, and they have built a great castle in the air, which tumbles down with the death of every man. No; spirit forms the organism from the minutules of matter, and its force out of the mysterious, unfathomable depth of God. "*A Jove principium.*" "In the beginning was the Word, and the Word was with God, and the Word was God. The same was in the beginning with God. All things were made by Him, and without Him was not anything made that was made. In Him was life, and the life was the light of man." But it is not necessary here to enter into a controversy about religion.

Suffice it to say that Hahnemann admits of no other source of disease than a noxious dynamic change in the life-force, shown by the symptoms subjective and objective, and of no other remedy than what has been obtained from substances through appropriate preparation and potentiation in order to acquire the dynamic, spirit-like character to render it

similar to the life-force, and thus being able to meet the enemy successfully.

It appears, therefore, to be inconsistent when Hahnemann thought the physiological quality of his so-called infinitesimal potencies were to be developed by friction and succussion, because these modes of motion could not be expected to do more than to free the minutular particles of the crude substance from their contact and cohesion with their fellows, and to use an unmedicinal vehicle for distributing them through it.

A mystical change of the vehicle by the mechanical action of succussion and trituration was not to be expected, and has indeed been rejected of right by the materialists of our school. It was also not admissible because Hahnemann himself wanted not this faulty conception, but the liberation and development of the dynamic spirit-like nature of the substance, its medicinal force, similar to the spirit-like life-force of the organism. This, therefore, is not admissible, and what has been said about it, especially in the preface on Dilutions and Potencies in the last volume of his *Chronic Diseases* must be disowned and rejected in the light which the development of the so-called high potencies since the last sixty years has shed upon this subject, and also as inconsistent with his own fundamental principles so well expressed in the same preface, when he says: "Homœopathic dynamisations are true awakenings of the medicinal properties latent in the natural bodies during their crude state, which then are enabled to act almost spiritually upon our life—*i. e.*, upon our sentient (sensible) and irritable fibre." But in facilitating the potentiation in the beginning of the process the mechanical rubbing and shaking may be of use for certain substances and advisable to a limited extent. Who can say that the drop of medicinal juice which has gone through a series of vials, each filled with 99 drops of alcohol, by dropping over one drop of the previous vial into the succeeding

one even only thirty times, as Hahnemann did, actually has been diluted or attenuated thirty times on the ratio of one to a hundred? The relation of drug and vehicle is neither that of dilution nor of attenuation, because on account of the short limit of materiality we have no means to prove it. Hahnemann, himself, says very truly that real dilutions only occur with objects of taste and color, and so also attenuations can only be made of solid objects, such as wire, minerals, powders, etc. For these reasons the terms dilution and attenuation are deemed inappropriate. Hence in the light of potentiation the dilution and attenuation must indeed have taken place in the lower stages, but they are more incidental, and though of necessary occurrence in assisting mechanically the liberation and consequent distribution of the medicinal forces to the inert vehicles applied, not the *conditio sine qua non* for the development of the higher potencies. There is a short limit to attenuation of solids or liquids which the spectroscope assigns to the ninth or tenth centesimal potency. It is, therefore, by no means to be admitted that because a substance has been detected spectroscopically in the ninth or tenth centesimal potency, its dilution or attenuation would continue to the 100,000th potency and higher, for the conception of matter ceases at such dizzy heights, and even at much lower degrees as even a Hahnemannian 30th centesimal. It is just the same with attenuation of solids, which comes soon enough to an end, as the microscopists of our own school have shown who assign the limit to lay between the twelfth and thirteenth centesimal, and the fine platina wire that Wollaston drew out is not to be compared with a thirtieth centesimal potency at all. Jaeger's and Fincke's Neural Analysis does not prove any more. It is the physiological test shown by suitable electric apparatus upon the sensitive living organism, but it does not prove that the medicine-substance is present in a state of dilution or attenuation in the potencies examined.

It only proves that there is something in the potency which acts and acts more or less powerfully in the human body. If Hahnemann says somewhere (Section 280, note) that the attenuation of the drug-medicine cannot go on forever, that there must always be something of the original substance left, he could not mean anything else than that the medicinal force of that drug was left, being conveyed to the highest potency by the transference of it upon the inert vehicle. Crookes' radiant matter stops at a limit of a third centesimal potency, and falls short of comparison with even a Hahnemannian thirtieth centesimal potency.

Some other terms expressing the incalculable distribution of a medicinal force through a great mass of inert vehicle might fall into the selection of a proper term—*c. g.*, rarefaction taken from the air, refinement from drawing out of fine wires, or trituration of powders, force-developments as exponents of mechanical force, dynamization from the Greek *dynamis*, or force, but potency will carry the palm, because it is all-sufficient for scientific and practical purposes, and expresses exactly what it means, the energy of medicinal force—*potentia et actu*.

Besides, in the investigations about the minuteness of things we always come at last to the discrepancy between the concreteness of things and expansion. It happens in this way: A mass of matter considered as an aggregation of minutules* (atoms, molecules) can artificially be divided up into

* The *infinitesimal* is a quantity belonging to a series of magnitudes running into infinity of minuteness, and is perfectly unassignable.

The *minutule* denotes a magnitude, or rather partitude, exceedingly small but still assignable.

The *atom* is the ultimate simple quantity of matter in chemics and physics, assignable.

The *molecule* is the ultimate compound quantity of matter assignable.

We, therefore, cannot borrow the molecular and atomic theory from the physico-chemical school, because referring to matter. The minutules referring to force suffice to indicate the limit of our high potencies,

discrete particles, which every one forms a concrete again, liable to disgregation *ad infinitum*. But here the modification of method comes in. We may conceive a particle of a mass to be extremely minute (molecule) and yet under certain circumstances assume a greater magnitude by expansion—*e. g.*, by conversion into a gas, or by exhaustion through the air-pump. This is a seeming contradiction, but it is only seeming, because a new element appears in the process of diminution, viz., expansion which clearly makes the particle occupy more space than it had before. Now we can again, if we possess the means to do it, subdivide the minutest particle of this expansive mass of the particle. But who possesses the means? It does not go on *ad infinitum*. There are certain limits for every kind of matter, but we cannot assign them. Physical science is constantly busy to extend those limits of materiality, but without success. It is even so as with the astronomical explorations which with more powerful glasses discover new myriads of heavenly bodies without coming to an end.

There is, however, this difference: the chemical and physical processes by which simple substances are brought into such conditions that they present the character of increasing fineness, are very various and involve the most intricate knowledge of the chemical and physical laws. The vehicles there used, so to say, are not one simple substance, like sugar of milk, or alcohol, or water, but all kinds of substances with which they are mixed in order to be separated again by others and under various conditions of chemical affinity, heat, light, magnetism, electricity, motion, etc. But in our homœopathic potentiation the manipulation is most simple and its philoso-

which are assigned by their specific action upon the organism under the homœopathic law.

The infinitesimal and minutule refer to force, the atom and molecule to matter. The infinitesimal is unassignable except by thought. The minutule is assignable by its action upon the sensitive living organism.

phy easily understood. We need not go into the region of the unexplainable and be carried away by the fascination of occult sciences, religious speculations, most intricate mathematical computation, and sophistical artifices of reasoning, but keep down to the solid ground of matter of fact, which nobody can deny, when by practice and repetition the action of high potencies is proved again and again. In our case the simple, pure substance to be subjected to the process of potentiation is simply mixed with an inert vehicle in a regular proportion of a minute quantity of substance, say 1 to a large quantity of vehicle, say 99 in appropriate time, and ascending in a series of potencies, the exponent of which always indicates the renewed ratio of 1 : 100. In this manner we arrive at altitudes of diminution and refinement and rarefaction as regards the substance used, and contrariwise a magnitude of expansion and distribution of its medicinal force which surpasses everything thus far known in science.

The calculations designed to prove that compound substances cannot exceed a certain minuteness in size because at that stage its constituents would fall asunder in atoms, fails utterly here since the very fact of potentiation teaches that such compounds retain their specific character from the lowest to the highest potencies. They as such are individuals which no more change in their dynamic nature than simple substances, or plants, or animals, or men. They retain their individuality as long as their identity is not touched, but, of course, they have not the spiritual individuality of man, which survives even his death, because their individuality is only spirit-like, not spiritual.

Comparing with this view the molecular hypothesis, the latter falls short of the truth, because it assumes atoms as the simplest small elements of matter which by combination in virtue of the chemical affinity form compound smallest elements of matter from which the larger aggregations are obtained. It is assumed that the smallest molecule will always

contain two atoms, and in its ultimate condition will divide into two atoms of the substances of which it is composed. But our high potencies show in their highest numbers the unchangeable character of the combination in their action upon the living organism. This discrepancy depends upon the circumstance that the medicinal forces as high potencies do not follow the chemical laws which govern matter, but the dynamical laws which govern life.

In our case the means of showing the substance in its highest potencies is the finest reagent which the world is able to furnish, viz., the human and animal organism in health and disease. The difficulty of observation upon such fine natural instruments of precision cannot be claimed as an excuse for not taking the subject of potentiation into close scientific consideration. A good and true homœopathician can often tell from the data of his *Materia Medica Pura* which variations from health to disease may belong to the influence of the potency used, just as well as which variations from disease to health may likewise have to be owing to the influence of a high potency applied to the sick. We, therefore, cannot expect from a Crookes or Tyndall an investigation into the merits of homœopathic potentiation, as Dunham once thought, because it is not in their line, and we cannot likewise shirk the responsibility to show how the potentiation of substances is in necessary relation to physical and chemical processes, but extremely simple and typical and not subject to the arbitrary forms which some scientists have pleased to assign to matter according to physico-chemical laws. Their atoms are but a figment of the brain, and their molecules are still concrete masses subject to further diminution, which at the same time includes expansion, not otherwise to be obtained in the aggregate condition of matter.

Korsakoff made the ingenious experiment of placing one medicated globule of an already potentiated substance as high as 30th centesimally into a vial filled with unmedicinal

globules, and subjecting the vial to succussion for a little while. Then the medicated globule was taken out again. When testing the previously unmedicinal globules it was found that they acted homœopathically in the same direction as the medicated globule, from which Korsakoff concluded that all the globules had been, as it were, infected by the medicinal one. The inference from this fact upon the origin of contagious diseases was evident to him immediately, and so he declared. Though the causes of this class of diseases are everywhere called poisons, nobody ever has been able to isolate and demonstrate them *ad oculos*, and therefore it is very justifiable on our part to assume that those hypothetical poisons are high potencies prepared in nature's own laboratory by a potentiation thus far unknown. To assign the origin of infectious and contagious diseases to the presence of bacteria and their supposed excretions is not justified, because bacteria found in diseased conditions and deemed characteristic for them, have also been found in healthy organisms without causing disease. They cannot do harm in the organism before the dynamic change in it from health to disease has taken place. They are, therefore, an example of the much reproved *post hoc*, but not *propter hoc*, and stand in the relation of parasites, which on the appropriate homœopathic treatment disappear without leaving any trace behind them.

But this medication by contact is apt to throw also some light upon the potentiation by mixtion or fluxion. Where we reflect upon how the communication of the medicinal force of one globule to many inert globules may proceed, we are forced to the conclusion that the medicinal force must emanate and radiate from the one globule in all directions, and either be deposited upon or taken up and absorbed by the many inert globules, and thus rendered homœopathically active. Or it may be that the atmospheric air in the vial which is being infected or contaminated by the atmosphere of the medicine globule, and the inert globules surrounded

by the atmospheric air receive their medicinal quality by its influence. If now we compare the fluid vehicle receiving into its substance the medicinal force by fluxion, to the atmospheric air constituting the vehicle of potentiation by contact, the *simile* is apparent, for the *modus operandi* after all is the same, though the measurement of the air-vehicle is nearly impossible and certainly impracticable. The potency entering the vial whilst coming in contact with the vehicle, spreads out in all directions and imparts itself to the minutules of the fluid contained therein. The difference is only in that this action continues uninterruptedly by fluxion in one single vial while with a contact-potency for every stated quantity of globules fresh vials have to be used. There is still this to be remarked, that the unmedicated globule taken out again has not lost any of its strength, and can be used again, and that the process of contact-potentiation can be continued from the first contact-potency onward. This shows a richness of nature in the medicinal forces which is truly inexhaustible, and is analogous to the richness of the original substances from which innumerable potencies can be derived without materially changing their nature at all—*e. g.*, in Aurum, Argentum, Carbo, Graphites, Platina, Sepia, Silicea, Adamas, etc. This infection itself rests upon the science of mechanics in the transference of force which we see in every motion whatever, large or small, in innumerable forms. so that the very familiarity with its results blinds people in regard to this indispensable principle of motion. Every wagon in the street (vehicle), every machine turning out work, every physical and mental exertion of man and animal conveys to thinking man the necessity of adopting this principle. If, therefore, there are medicinal forces in matter they must partake of the same phenomenon, that they can be transferred upon other matter and by the same principle, when administered to the healthy or sick organism, act in their specific manner by producing symptoms of disease on

the healthy and removing symptoms of disease in the sick, all according to homœopathic law.

After these and similar considerations it is clear that we cannot expect from physical science the solution of the problem of potentiation. Nay, this wonderful process brings the question of all science at once home. Is there any spirit at all? Or is spirit only a function of matter? If not, of what nature is it, and whence is it? These questions are hoary with age, and have divided the mass of intelligent men into two great contending parties. There are those who assign to matter peculiar properties which have been from eternity and continue to eternity. From these properties all the rest flows in a Darwinian flux from the original speck of protoplasm at the bottom of the sea, that famous creature of Huxley's brain, the *Bathybius*, to the highest development in man, which all disappears after death like a phantasmagoria of a *lanterna magica*, and nothing is left behind but the unmerciful, immutable, eternal properties of matter which entertain the flux into eternity. To this comes the suggestion of the greatest mathematician of our age, who attributes the origin of man to minute cells derived from meteors, which are carried along in space for millions and millions of years, and preserved by the immense degrees of cold similar to those lately produced in a lesser degree by eminent chemists. These cells in the supposed meteors fell at an opportune time upon the earth, which nursed them as a kind of mother to produce the organic bodies, and in the course of other untold millions of years finally the human organism by evolution.

It is inconceivable how a divine can advocate evolution as taught by modern science, because it leads him in the opposite direction from the road he intends to travel, for evolution leads to agnosticism (a new term for scepticism), and atheism, which when pressed acknowledges an abstraction in the place of God. When Sir John Franklin traveled south to escape the Arctic terrors, he did not know that he

was on an immense ice-field drifting incessantly northward, and carrying him to unavoidable perdition. These divines resemble him.

This evolution is the gist of the doctrine of the present representatives of science, and there are now in the old world where the beautiful egg has been hatched (and, alas! in the new one) not many natural and other philosophers who do not adore this modern idol of man, a mere abstraction, a hypothesis which leaves humanity to the merciless properties of matter. Fortunately all men must inevitably die at one or another period of their lives, or else the pride of scientific men would acquire a power which might be detrimental to the very existence of the human kind on earth. Fortunately all the popes of religious, scientific, and political persuasions, who hold themselves infallible and use their power to suppress what does not tally with their ideas and desires, must step down from their high stations when their allotted time comes. For science itself rectifies itself and purifies itself from the shortcomings of its votaries, its confessors and professors. Hypotheses which have served a temporary purpose of propping up weak parts in science, must give way when these parts are masoned up with solid work in unison with the plan of the whole building, for science is the great receptacle of human wisdom following creation, but cannot itself create.

But the Hahnemannian potentiation is not a theory, a hypothesis, but a solid fact which apparently helps to sustain the foundation of science inasmuch as Jaeger expresses it as thereby the limits of divisibility of matter are very much extended. This, however, cannot be accepted according to the light given by the higher and highest potencies which even this pioneer of science has not had an opportunity to prove; rather it should be said that it helps to understand better the relation of force and matter, how they react upon each other during life, how they cannot be separated without

changing essentially the one or the other. Thus the spirit molds matter by means of its forces after conception into the independent organism which now lives its individual life, and in a most wonderful and intricate potentiation goes on to maturity which the material part of the body generally reaches sooner than the spiritual one until matter finally supervenes, and, no longer controlled by the life-force, drives the spirit out of his temporal abode, thus affording him the entrance into that other life which surely is to come after death. The relation of matter and force is strikingly illustrated in the custom of burial based upon the native religion of the Indians. Mr. McLean in his book on *The Indians*, says, page 31: "They believe that everything in nature is possessed of a spirit, and that the spirits of the articles devoted to the deceased depart with him and are used in the spirit-world. Thus when you point to the goods lying at the grave after many days, the natives will tell you that the substance remains, but the spirits live on the spirits of the things. The souls of the hatchets and pipes, horses and dogs go to the happy hunting grounds for their master's uses. We find the same idea of object-souls amongst the Arabs and Gauls. The camel of the Arab was tied near the grave of his master that he might there perish and follow him in the spirit-world." This brings to mind the touching custom prevailing up to our present time in placing the toys of a dead child upon its grave, a custom which has the same origin as that of the Indians, the acknowledgment of eternal life incorporated in matter and its transference into another world.

Page 109: "The widely prevailing custom of burying articles necessary for traveling with the dead to assist the spirits on their journey to their future abode, and to be of service to them during their residence there is begotten of their doctrine—the immortality of the soul. Some believe that as the things deposited in the graves decay, the spirits will take

them away to be again united and used in the spirit-world, but the more general opinion is that the spirits being immaterial must use spiritual things, and they take, therefore, the articles and leave the matter behind."

Potentiality, then, is not a development of matter into force as has been supposed, not a kind of evolution from the homogeneous to the heterogeneous, but a disengaging of the medicinal qualities, forces, or properties inherent in all kinds of matter in its relation to the animal and human organism. The potencies which are developed by means of bringing an inert vehicle in contact with the crude substance under certain and necessary conditions must be considered to have been all residing in that crude substance from which they have been derived, or else it could not well be seen how the highest potencies in their action upon the organism could be similar to the action of the lower potencies and of the crude substance. The millionth centesimal potency of Sulphur acts just as well within its patho and hygiopoetic (metathetical) sphere as the crude substance or a third decimal potency, because in a sensitive person it produces just the same symptom of voluptuous itching with burning after scratching as is the immediate effect of brimstone taken in substance. It is, then, the homœopathic argument: like produces like, which proves the derivation of the potencies from the crude substance or all other things likewise composed by the minutules they consist of. By the most elaborate and ingenious test-instruments, contrivances, and processes of science we yet soon arrive at the fact that we cannot discern those minutules except in their aggregation, and though the limits of observation are constantly extending by the increase of knowledge and ingenuity of invention, yet we will never be able to show the existence and reality of the minutules by such means. The finest instruments given to us already are sensitive, intelligent, pure, and trusty persons who can give a good account of themselves in regard to ob-

servation of medicinal action upon themselves and upon whom the same can be observed objectively. For this reason the discovery of neural analysis by Jaeger is the first praiseworthy attempt on the part of the physiological school to use the human organism as a reagent upon those minutules which otherwise escape observation altogether. As Jaeger remarks very truly, there is hereafter no escape for the scientific man but to accept the facts furnished by this new method of investigation, neural analysis, and use them for the improvement of science and for the benefit of mankind.

It would, therefore, almost seem as if the question of potentiation altogether depends upon quantity, and so it does, for you may take the original drop or grain of the crude substance to contain as many minutules as you may please, more than any human brain can compute and think of, because there is ample room for them even in a grain or drop. Suppose you take it for granted to be so, then the object of potentiation would be to isolate the minutules from each other by the simplest means possible, and gain from the crude mass at least as many as you can, for it is impossible and unnecessary to gain them all for the purpose of healing.

How it is that high potencies act promptly and powerfully upon the human system in disease, and even in health depends upon observations and experiments made by men, who are able to judge in these matters. Besides having received the common medical education they must be also versed in the departments of physics and chemistry, and withal be thinkers able to follow the workings of their own minds—*i. e.*, they must be true philosophers—*i. e.*, lovers of wisdom. And not that alone, they must have thoroughly studied the works of the immortal Hahnemann and must have mastered the *Materia Medica Pura* as far as a human mind can master that vast storehouse of homœopathic facts. Then and only then can they do justice to this matter which has been held as a byword of foolishness. Surely our wisdom

is foolishness if we are foolish enough to cast away what is offered in a simple and unpretending garb as wisdom. It is even so yet that the light shines in the darkness, and the darkness apprehended it not. They rather create man with its wonderful organism out of a primeval cell than to rise to the heavenly thought of a Creator who has made all things—even that cell—and holds them in His mighty grasp for evermore. But in regard to potentiation it is certainly true, as in all things, that God has laid His omnipotence into the minutule of our high potency.

Ceterum censeo macrodosiam esse delendam.

REPLY TO DR. ORME'S "ANTI-VACCINATION NUTS."

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Two articles by Dr. F. H. Orme, of Atlanta, headed as above, appeared in the *Medical Century* April 1st, 1897, and April 1st, 1898, whose editors refused reply. The first, a short clipping written by a New York monthly magazine space-writer, was indorsed by Dr. Orme as "a nut which the anti-vaccinationists, who are fortunately few and becoming fewer, do not attempt to crack." The meat in this nut was that "prior to 1877," especially in 1875, New York had considerable small-pox, which since then has declined, even to almost none in some years, in consequence of vaccination, the opening statement being, "the health department of New York is more than a match for small-pox." But Dr. Orme and his oracle are silent regarding the peculiarity of small-pox to come in cycles, allowing a long stretch of years of freedom to intervene, and then to step in when slipshod sanitary measures prevail. New York is strictly sanitary, and so sanitation, not fetich, controls small-pox.

Now the State of New York passed its vaccination law

April 16th, 1860, but kept on having small-pox. Its law to establish the State Board of Health was, singularly enough, not passed until May 18th, 1880 (the year after the creation of the National Board of Health), and the board's first report, for 1880, is only a little blue-backed, paper-covered affair. We will let its second report, for 1881, a more pretentious volume, crack the nut thrown down by Dr. Orme, where it says, page 5, as well as any *anti* could: "*Small-pox*—This disease is at last so well understood as an unmasked destroyer that its contagion is readily controlled and extinguished by definite rules of disinfection, and by enforcing the absolute isolation or quarantine which the local and State sanitary codes now require." Dr. Harris, the Secretary of the Board, with the usual perfunctory place-keeping style of health officials, afterwards says of vaccination, "it is as effective as it ever was," a statement no *anti* will gainsay, and one about as valuable as the one made by Dr. Orme's oracle, "Re-vaccination seems to bestow absolute protection." "Seems" is a good word when there is no small-pox around, but worthless when it comes, as will be shown when considering Dr. Orme's own article. Dr. Orme's oracle says that "the health department of New York is more than a match for small-pox," but probably takes no account of the board's report that the deaths from small-pox in 1893 in the State were 234. (How many cases does that mean?) Nor is it likely that the oracle ever read this gleam of intelligence from a New York City Board of Health report, year unnecessary: "The extraordinary prevalence of small-pox over various parts of the globe, especially in countries where vaccination has long been efficiently practiced, its occurrence in its most fatal form in persons who gave undoubted evidence of having been well vaccinated, and the remarkable susceptibility of people of all ages to re-vaccination are facts in the history of this pestilence which must lead to a reinvestigation of the whole subject of vaccination, and of its claims as a protecting agent."

Dr. Orme and his oracle do not seem to remember that Dr. Cornel said in his presidential address before the Homœopathic Medical Society of New York, "Vaccination has been a curse instead of a blessing to the race. Every physician knows that cutaneous diseases have been by it increased in frequency, severity, and variety to an alarming extent." Dr. Orme says the *antis* do not attempt to crack nuts of the kind he quotes, so perhaps he is willing to let the New York Boards of Health crack New York grown nuts, as above—it's so much easier for the *antis*.

Coming now to Dr. Orme's own article dealing with Atlanta's experience: The doctor's imagination evidently was vivified by the Jenner jubilee symposium dished up (though poorly cooked and full of error) at Atlanta at the meeting there of the American Medical Association. But this only makes the article more interesting. Let me premise by saying that, through carelessness and preconceived opinion, such is the vaccinal veraphobia pervading all "official" pro-vaccination writing, especially "statistics" jumbled together by hospital internes, as charged and shown by Professor Pickering and Dr. Levenson, no scrap of it can be accepted as truth without thorough sifting and often by personal investigations. Dr. Orme's Atlanta figures are simply some accepted by him as true in the goodness of his heart. Let them stand as true, and they prove nothing in favor of vaccination, the testimony being only negative and indirect, not positive and direct.

He says that Atlanta last winter had 247 cases of small-pox, with only three deaths. Such a small mortality as one per cent. is so utterly at variance with the pest-house statistics of any city under similar or any conditions, that it is unreasonable on its face, especially as it is well known that pest-houses invariably intensify the disease. If passed as truth it reflects brilliantly on the treatment carried out by the physicians, and should indicate the general adoption of that treatment

This low mortality was attributed by him to vaccination, but in the light of history I should much prefer to know the treatment. He says that the cases vaccinated in quarantine numbered 213, of which twenty-five "developed varioloid," in other words, small-pox. That is a fair proportion under the circumstances, since to vaccinate in an epidemic time predisposes toward an attack by lowering the tone of the system and its powers of resistance. Their repelling ability would have been greater if unvaccinated, and perfect if their condition were perfect. He lays stress on the item that the three deaths and confluent cases were among unvaccinated persons. That is the usual place for such cases to figure in "statistics," for the reason that the severe disease obliterates the vaccination mark, and so every doubtful case goes down "unvaccinated." Many such have recovered, and the obliterated vaccination marks reappear. Dr. Orme speaks of the vigorous measures other than vaccination resorted to by the Board of Health. Of course there was the usual isolation, *and* quarantine, *and* disinfection, *and* cremation, *and* rubber coats, *and* so forth. Why all the *ands* if vaccination is protective?

Dr. Orme says he has "never seen any serious trouble arising from the virus." Tebb testified forty consecutive days before the British Commission, recounting 842 deaths and 6,233 cases of injury, taking the deaths from official records. Dr. Orme is fortunate, or myopic. And perhaps he has had experience with only one or two of the twenty-three official viruses used during the century, each different and of different origin. His experience is so different from that of thousands of observers as to be unique. The *Virginia Medical Monthly* (1894) more correctly states the case: "The results of vaccination the present season have been such as to demand attention to the conditions which are responsible for these effects. Upon every hand physicians report an unusual number of severe cases of vaccine disease, with grave and

alarming symptoms, which showed that severe septicæmia had been produced." Whereupon even the staid *Medical Record* said: "We doubt if a law compelling universal vaccination could be enacted at the present time."

Dr. Orme also says that Atlanta is safe now, being well vaccinated, and that no child can enter school without it. If, like the ostrich, the doctor and Atlanta believe that safety consists in sticking only its head under cover, then is Atlanta easily safe—that is, till small-pox comes. Give small-pox its characteristic opportunity and it will show him his error. As to her schools, Atlanta furnishes a glowing example of despicable cowardice embodied in authority in thus swinging over its children's heads the club of deprivation from education for refusal to take cutaneously a dose of septic poison, a brutal and stupid retaliatory act of no sanitary value, as the child that refuses, free to go anywhere else and play with the pupils, is healthier than the one that submits, and making the school board vicariously do the dirty work of the Board of Health. The Supreme Courts of Illinois and Wisconsin have pronounced against such unwarranted usurpation, and Indiana will soon do so. In the notable vaccination symposium to be found in the *Medico-Legal Journal*, 1896, Dr. C. A. Lindsley, Secretary of the Connecticut Board of Health, says: "I am positively opposed to compulsory vaccination. . . . The people of this country are too thoroughly imbued with a sense of personal independence to submit patiently to personal compulsion." And why should their children be so compelled? And in an editorial the *Journal* itself says that as there is no State or government supervision over virus, which is now in the hands of private parties only, for mercenary purposes only, it is doubtful if vaccination could be made compulsory unless the State assumed responsibility for its bad results.

The doctor gloated over the Gloucester epidemic of 1896 and the Montreal epidemic of 1885, attributed by him to

neglect of vaccination, and he should not have done it, as he thereby displays ignorance of the conditions. In the *New York Literary Digest* of July 25th, 1896, I explained the cause of this Gloucester epidemic. Gloucester was the place where the Jenneration of disease began; in other words, whence Jenner saddled his humbug upon the world. Leicester rebelled against vaccination, and demonstrated the superiority of the "stamping out" process, so called, and a few years ago Gloucester followed her example. Nearly all were vaccinated when the epidemic broke out, and it actually ran over a month before an unvaccinated person took it (see official report in *Wiltshire Advocate*, March 19th, 1896). It was found that a sewer-trap had been left open, high tide backed sewage into the gutters, and small-pox resulted. The defect had existed about three months. Sanitary conditions were resumed, and the epidemic abated. North Gloucester, with good water and sanitation, escaped almost entirely. Dr. Orme says the anti-vaccinationists were driven to cover. What the people of Gloucester really thought of vaccination may be inferred from the fact that at the next election the anti-vaccination ticket carried every ward in the city.

Dr. Orme need not have gone back two years for an English epidemic, for last March Middlesborough reported over 500 cases. Does Dr. Orme not remember that Middlesborough not long ago received the £50 prize for being the best vaccinated town in England, over 95 per cent. being vaccinated?

Now, how about Montreal in 1885, where so many died? A few cases appeared in the slummy east end early in March, and Dr. A. M. Ross, one of the great physicians of the world, who died a year ago, in that month advised isolation and a thorough clean-up. He made personal inspection and found 10,700 rotten holes full of filth that had been years in accumulating. Streets and alleys were foul and bad smelling. His advice was disregarded, and a great cry for vaccination

went up, and more than 100,000 vaccinations were made, at an expense to the citizens of at least \$50,000. It was not until October that the authorities woke up and established a system of isolation, and then cleaned up, when trouble subsided. In the high-class west end, the sanitary part, there were but a few sporadic cases. A feature of this epidemic was the number of vaccinated persons admitted to hospitals, figures of which I could give. Dr. J. Emery Coderre (a name Dr. Orme will readily recognize), of the medical faculty of Victoria University, and for thirty years physician to the Hotel Dieu Hospital, compiled and reported a long list of cases (which I have), especially of children, giving name and residence, with date of previous vaccination. Dr. Orme speaks with almost "ghoulish glee" of the fright of the *antis* there, but were they any worse off than the *pros*? If any of the former deserted and sought the scarifier, they simply were not well enough grounded in their belief to have the courage of conviction, and like Asa of old, the Bible tells us of, put their faith in the physicians of the period, and were "gathered unto their fathers."

The greatest epidemic of small-pox England ever had was that of 1870-71, of which the London *Lancet*, in its issue of January 21st, 1871, says: "The cases of small-pox after vaccination amount to four-fifths of all cases," and in its issue of July 15th, 1871, "already 122,000 vaccinated persons have had the disease." In this epidemic 42,200 died in 1870-71, and several thousand the next year, and this in a country where vaccination had been compulsory and enforced since 1853. In this same epidemic Prussia lost 124,948, though compulsory re-vaccination had existed since 1835. In Bavaria 96 per cent. of the 30,742 cases were among vaccinated persons (see *Encyclopedia Britannica*, Vol. 24). The English army commission vaccinated 5,834,861 persons in India in 1884, with a staff of 4,261, and the deaths from small-pox were 333,382. Its report says: "We are thus brought face to face

with the fact that notwithstanding the existence of an active vaccination service, small-pox swept over the provinces just as if there had been none. It is clear that vaccination has been incompetent to deal with the disease in its epidemic form. If sanitary work be neglected no more dependence against small-pox can be placed on vaccination. The true remedies lie elsewhere altogether, for in an epidemic year small-pox escapes from the influence of vaccination alone." Health Commissioner Reynolds, reporting on the 1894 epidemic in Chicago, in a letter to the City Council, printed in the Chicago papers of December 30th, 1894, declares "isolation is the only means of coping with an epidemic." And his annual report, two or three days later, shows that the health board made 1,000,046 free vaccinations during the year, and that over 55 per cent. of the cases of small-pox were among vaccinated persons.

Of what consequence are Dr. Orme's paltry figures compared with the above? It is such facts as these, culled from official statistics and documents, which can be largely reinforced, that have made Dr. Orme's "anti-vacs." not "few and becoming fewer," but more numerous, and induced the Royal Commission to vote unaimously in favor of no further enforcement of the compulsory vaccination laws of England.

Two nuts I should like to have Dr. Orme try to crack are (1) Why is it that in years of great small-pox epidemics in any country where full statistics are carefully kept the general mortality is actually smaller than in the years when the country was free from such epidemics, showing that small-pox may be after all a blessing? He will find the figures for this in an article by the undersigned in the *Medical Century* for February 15th, 1896. (2) Why are consumption and cancer increasing so rapidly if vaccination is not conducing thereto? The deaths from cancer in 1895 were in New York nearly double what they were ten years before, and have quadrupled in the United States and England in forty years. In Indiana

our last Board of Health report (for 1896) shows only four diseases leading cancer (after leaving out lung and heart diseases). I treat this phase of the subject in a paper read before the Kentucky Homœopathic Medical Society, May 25th, 1898, which was published in the *Medical Century*, July 1st, 1898, and partially in THE HOMŒOPATHIC PHYSICIAN for June.*

Every anti-vaccinationist was once a vaccinator in practice or in principle, and has had to change by a great shock to professional and educational prejudices, modes of thought, etc. Dr. Orme, being "sot in his ways," may, like Dr. G. Kolb, of the Royal Statistical Commission of Bavaria, "believe in vaccination more strongly than in any clerical tenet or ecclesiastical dogma." Stung into an investigation, Kolb pronounced vaccination "a complete failure." This stirred up Vogt, the Professor of Statistics at Berne, who, to disprove Kolb, collected the particulars regarding 400,000 cases of small-pox, and reported, "I am compelled to admit that my belief in vaccination is absolutely destroyed." Professors Creighton and Crookshank, of London, met the same fate, as will any one else who delves in the literature. Let Dr. Orme get into the subject a little deeper than an Atlanta epidemic that sweeps away three (!) lives, and he, too, will be convinced that the *anti-vacs.*, as he facetiously calls 'em, are right. He will not be the first who, like the undersigned, "came to scoff, remain'd to pray." So great a man as Dr. Orme, whose medical word is usually law, and whose genius illumines every subject he investigates, may do a just cause great harm by longer hugging so grotesque a delusion as vaccination is now known to be, simply because of his apparent neglect to investigate the literature of the subject. The words of the great pathologist Virchow in this direction have

* See "The Etiology of Cancer," by Wm. B. Clarke, M. D., in THE HOMŒOPATHIC PHYSICIAN for June, 1898, page 246.

come true. Let Dr. Orme heed them: "When the public sees a doctrine which has been exhibited to them as certain, established and claiming general acceptance proved to be faulty in its very foundation, or discovered to be willful and despotic in its essential and chief tendencies, many lose faith in science."

Lest Dr. Orme or some other homœopathist might infer from the foregoing that I am opposed to all attempt at the medicinal prevention of small-pox, I will say: Why are we not, being homœopathic, satisfied with homœopathic vaccination? Cow-pox is not small-pox, nor attenuated small-pox; nor is it like small-pox. Jenner did not introduce cow-pox—in fact, in his first and second papers he savagely condemned spontaneous cow-pox. His initial vaccination, and in fact his only one when he came before the world with his scheme, was from a sore on a woman's hand, now thought by experts (beginning with Dr. Creighton, who wrote the articles "Pathology" and "Vaccination" in *Encyclopædia Britannica*), to have been syphilitic. Let Dr. Orme compare the pictorial illustrations given by Jenner with Ricord's matchless plates of syphilis (which he can do in Crookshank's great work, *History and Pathology of Vaccination*), and he will find the true resemblance. And which do Dr. Orme's sore arms—that is, his typical vaccination ulcers—resemble most, small-pox or chancre? True, his virus is bovine, and the English use humanized; but they abandoned the bovine for the reason that it caused more trouble than the human. So Jenner's virus was modified syphilis, not modified small-pox. And Boens, of Brussels, two years ago reported 2,700 cases coming under his observation wherein syphilis was caused by vaccination. Cow-pox is incapable of preventing small-pox. It is also incapable of mitigating its severity, for, as pointed out by the great Schönlein in 1832, "there were proportionately as many mild cases of small-pox before vaccination came in vogue as there have been since."

Dr. Orme's "varioid" is simply a quibble invented in 1818 as an excuse for cases of small-pox occurring after vaccination. (As an old darkey of my acquaintance quaintly expresses it, "Call dis very ole Lord?—I calls it de very ole debbil!") Only one virus can, in the nature of things, be preventive, and this, of course, must come from small-pox—in fact, variolinum—and it must be live enough to cause some symptoms when taken internally. There is plenty of proof in homœopathic literature that it is efficacious, but it must not be expected to do even more than small-pox itself can—and many persons have had small-pox several times. Dr. Orme does not need to inject septic poison, cow-pox, into his patients to secure mitigation, but simply to follow the instructions laid down in Raue regarding the internal use of variolinum, backed up by "the unanimous testimony of ten physicians who have used it in different epidemics."

Dr. Constantine Hering, whom Dr. Orme reveres, just twenty years ago characterized vaccination as "a poisoning of the blood. . . . The progress of our school has led us to a much more certain preventive of small-pox, and also to an easy and certain and safe cure." So what need have we for vaccination? Speed the day when, as Raue (1881) says (*Special Pathology*, p. 1022), "vaccination will be as obsolete in medical therapeutics as inoculation, blood-letting, and kindred barbarisms of old are to-day."

The reply to Dr. Orme by Dr. Clarke, of Indianapolis, which is the paper herewith published, is so excellent an exposition of the subject of Vaccination that we print it entire, thereby unintentionally crowding out the usual amount of Dr. Levenson's own contributions to the subject this month.

Dr. Clarke suggested that it be abbreviated for convenience of insertion, but the editor found that this could not be done without seriously mutilating it: a procedure not to be thought of for such a valuable paper.—[Ed.]

PASTEURISM.

FORT HAMILTON, N. Y., June 24th, 1898.

TO THE EDITOR OF THE HOMŒOPATHIC PHYSICIAN.

DEAR SIR:—In the journal *Le Medicine*, of Brussels, of the 12th inst., quoting the *Journal de Medicine*, of Paris, is given an account of a policeman of that city having been badly bitten by a mad dog. The next day he went to the Pasteur Institute, where for eighteen days he was treated, and rigorously followed the prescribed treatment, *and was discharged cured!* “Last week,” says the Paris medical journal, “he felt certain pains, which excited the suspicions of the doctor whom he consulted. That gentleman telephoned to the Director of the Pasteur Institute, who replied that his trouble must be attributed to some other cause than hydrophobia, *because he had left their institute completely cured.* At the end of two or three days doubt was no longer possible, the case was clearly one of hydrophobia. He was taken to the hospital, where he died last Sunday morning in frightful convulsions.”

This case will doubtless figure in the annals of the Pasteur institutes as a cure!

I have the honor to be, sir,

Yours respectfully,

MONTAGUE R. LEVERSON.

MR. TEBB'S CONTRIBUTIONS TO THE VACCINATION TESTIMONY.—Owing to the requests from English readers it has been decided to somewhat change the order of publication of the Vaccination testimony, and instead of giving Dr. Creighton's testimony which is now next in order, in its place to give that of Mr. Tebb which is equally interesting.—[Ed.]

RELIABILITY OF DR. LEVERSON'S VACCINATION TESTIMONY.

FORT HAMILTON, N. Y., July 13th, 1898.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN:

As intimated by Dr. C. H. Oakes, of Livermore Falls, in his letter published in your journal for June, the value of the abstract of the Royal British Commission testimony depends upon its reliability.

Your readers will remember that, accepting the criticism of a correspondent who did not quite like the manner in which I was at first presenting the testimony, I have for some time given nearly every statement of importance, certainly everything which could be a subject of question, in the very words in which they are given in the Blue Books, so that it is difficult to see how any room remains for questioning the accuracy of what is now being published in THE HOMŒOPATHIC PHYSICIAN. Appreciating fully the truth of Dr. Oakes' position, *I wish to have further security for the accuracy of the abstracts.* I therefore place at the free disposal of any person who will come to my house for the purpose, all the Blue Books for comparison with the abstracts. Further, I suggest the appointment of a committee to verify the same.

Perhaps some old school doctor could be induced to ask the Academy of Medicine to appoint such committee, and one of the homœopathic bodies might also do the like. By this means an authority could be given to the abstracts which would forever silence all possibility of cavil.

Yours very truly,

MONTAGUE R. LEVERSON.

THE VACCINATION PAPERS GOOD MISSIONARY LITERATURE.

SHERMAN, TEX., July 18th, 1898.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN:

I consider Dr. Levenson's papers, as given us in THE HOMŒOPATHIC PHYSICIAN, of the utmost importance. And why any physician, and especially a homœopathic physician, should object to them is a mystery. My observation has led me to the firm conviction that vaccination is the direct cause of very many chronic ills. I take especial pains to have members of our School Board read your journal each month, and use each number as missionary literature, and as a result we have beaten the vaccinationists in our public schools. By all means give us as much light upon this subject as possible.

Fraternally,

CHAS. E. JOHNSON, M. D.

THE VACCINATION PAPERS A WASTE OF TIME AND SPACE.

MIAMI, FLORIDA, May 13th, 1898.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN:—You have asked for "a full and free expression of views on the subject" concerning the publication of the papers of Dr. Levenson. I feel that it is not incumbent on me, or in other words, hardly in good taste . . . to in any way suggest or influence you in the direction of your journal. But as a Hahnemannian homœopathist, I do not see that it is doing any good. No physician of our school who is worthy of the rank need be furnished evidence of the nefarious results of vaccination, or its uselessness. I saw that verified in the army during the war, not only in many others, but in my own person. I furnished this for publication some years ago. If not, I told it repeatedly to my classes in the colleges, and

have related it in our local societies. Of course I am not acquainted with your subscribers and readers. I do not know their drift as regards vaccination or Homœopathy, but presumably a majority of them are "sound in the faith." If so, they doubtless feel somewhat as I do, that it a waste of time and space to publish those papers. I know how it is with me: I seldom look at them.

S. MILLS FOWLER, M. D.

[Dr. Fowler is Professor of Practice of Medicine in Dunham Medical College.—ED.]

THE PERSPIRATION OF CALCAREA.

OAKLAND, CAL., April 15th, 1898.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN: You will be kind enough to pardon me for calling your attention to what I think is an error in your editorial in February number of THE HOMŒOPATHIC PHYSICIAN, page 50, seventh line from the top. You are comparing Silicea and Calcarea-carbonica. You say Calcarea has sour perspiration on the head.

Now, so far as my knowledge and observation goes, this is a mistake. I know that the symptoms of the two remedies are often very much alike, but this has been one of my key-notes as between the two. Silicea has sour sweat; Calc. has not. I know Calc. has sour secretions generally, but not so with perspiration.

If I am wrong I would be glad to be set right. Please tell me where you find it. Very respectfully,

J. M. SELFRIDGE.

[Dr. Selfridge is probably right. The symptom referred to stands as a note in the handwriting of the editor (made in 1868) to symptom nineteen of Silicea in Lippe's *Materia Medica*, page 627. It is not found elsewhere either in Lippe, Hering, Jahr, or Bœnninghausen, and may have been an error in reporting Dr. Lippe's words.—ED.]

NOTES AND NOTICES.

DR. GIVENS' SANITARIUM, at Stamford, Conn., for nervous and mental diseases, is one of the most favorably located in this country.

It is a quiet, homelike place, arranged on the cottage plan, where the rest cure, massage, faradization, galvanism, dieting, baths, and everything pertaining to the best treatment of patients requiring special care may be procured at reasonable prices.

DR. LEVERSON'S NOTE TO DR. CORY'S TESTIMONY, as published in the June number of *THE HOMŒOPATHIC PHYSICIAN*, at pages 239 to 245, has been reprinted as a pamphlet, and can be supplied at ten dollars (\$10.00) per thousand copies, or one dollar (\$1.00) per hundred copies, postage extra.

Address *THE HOMŒOPATHIC PHYSICIAN*,
1231 Locust St., Phila., Pa.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION, at its meeting in June last, elected the following officers for the year 1898-99: President, Walter M. James, Philadelphia, Pa.; Vice-President, C. M. Boger, Parkersburg, W. Va.; Secretary, Erastus E. Case, Hartford, Conn.; Treasurer, Franklin Powel, Chester, Pa.; Corresponding Secretary, Lawrence M. Stanton, New York City; Censors—B. L. B. Baylies, Brooklyn, N. Y.; B. Fincke, Brooklyn, N. Y.; C. Carleton Smith, Philadelphia, Pa.; Annie L. Geddes, Montclair, N. J.; Alice B. Campbell, Brooklyn, N. Y.; Bureau Chairmen—Materia Medica, C. M. Boger, Parkersburg, W. Va.; Clinical Medicine, W. A. Yingling, Emporia, Kan.; Obstetrics, J. A. Tomhagen, Chicago, Ill.; Surgery, T. S. Hoyne, Chicago, Ill.; Necrologist, John Storer, Chicago, Ill.

LONGPORT, NEW JERSEY, published by A. H. Phillips & Co., Real Estate dealers, 1315 Atlantic Avenue, Atlantic City, New Jersey. Price ten cents.

This little pamphlet of 16 pages is issued to set forth the advantages of Longport a small town on the southern end of the island called Absecon Beach; its northern end being occupied by Atlantic City. It has the Atlantic Ocean on one side and Great Egg Harbor Bay on the other side. The pamphlet is embellished with beautiful photogravures of the ocean, the landscape, and the bay.

THE EDITORIAL this month was left out to make room for the very important articles which are now published. The article copied from our English contemporary, *The Monthly Homœopathic Review*, upon the opening of Hahnemann's tomb is especially interesting, and we felt justified in copying it entire.—[Ed.]

THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. XVIII.

SEPTEMBER, 1898.

No. 9.

WYETHIA HELENIOIDES, WITH ADDITIONAL PROVINGS.

J. M. SELFRIDGE, M. D., OAKLAND, CAL.

There is probably no State in the Union where there is a greater number of valuable remedies to be found than in the State of California. These remedies are waiting to be proven by those of us who have sufficient enthusiasm in medicine, and who are willing to take the trouble and make what sacrifice is necessary to accomplish so desirable a result. I know it has been said that we have too many remedies which have not been properly proven. While this is doubtless true, it is equally true that many of the new remedies which have been introduced within the memory of some of us, are absolutely indispensable in the treatment of certain forms of disease.

There is another reason why these California remedies should become a part of our armamentarium. It is claimed by Teste and others that where certain forms of disease prevail there, or in that vicinity, the curative remedy may be found.

Again, it has been said that there is a remedy somewhere in nature for every ill to which flesh is heir. Whether this

be true or not, we know there are diseases which, so far as we are aware, are incurable, for the simple reason that we know of no remedy that will control the abnormal conditions. This being true, the incentive ought to be sufficiently great to urge us forward in the line of knowing more than we now know of the wealth of those remedies that lie at our very doors. All we know of these drugs, so far, are mere hints which have been given us by the older inhabitants of the coast. Thus, the *Eriodyction Californicum*, or "Yerba Santa," has been suggested for the cure of "poison oak," and for certain bronchial affections. A partial proving of it was made some years ago, under the supervision of the late Dr. Pease, which can be found in Allen's *Encyclopedia*, Vol. IV, page 218.

The *Micromeria Douglassii*, or "Yerba Bueno," is another plant which should be proven. Many years ago a friend of mine was suffering with a series of boils, when an old "Spanish woman" directed him to make a tea of this plant. This he did, and cured his boils; but, as the tea had an agreeable taste, he continued to drink it, believing, as some do, that if "little was good, more was better," until finally he became so weak he could not continue his work.

It was one of these hints that induced me some years ago to make a proving of *Wyethia Helenioides*, or "poison weed." Like many other provings, it was only partial. A schema of it was published in Allen's *Encyclopedia*, Vol. X, page 168.

The proving then made was the following:

The symptoms here recorded were observed by seven men and two women.

The green root in substance or the mother tincture was used by each prover. When the tincture was used the dose varied from five to forty drops.

The plant has been used by unprofessional people in some of the interior towns of this State for coughs and colds, under the name of "poison weed."

The taste of the root is herbaceous, aromatic, and slightly bitter, leaving a sweetish sensation in the mouth.

The symptoms here recorded are given in the order of their occurrence as nearly as could be ascertained. No symptoms were manifested for some minutes after chewing the root or swallowing the tincture.

SYMPTOMS.

Sense of weight in the stomach, as if something indigestible had been eaten; belching of wind alternating with hiccoughs; mouth feels as if it had been scalded; sensation of heat down the œsophagus into the stomach, worse while eating; dryness of the fauces; constant desire to clear the throat by hemming; increased flow of tough, ropy saliva; throat feels swollen; epiglottis dry and has a burning sensation; constant desire to swallow saliva to relieve the dryness, yet affording no comfort; swallows with difficulty; pricking, dry sensation in posterior nares, sensation as if something were in the nasal passages; an effort to clear them through the throat affords no relief; the uvula feels elongated; dry, hacking cough, caused by tickling of the epiglottis; pain in the back, which extends to the extreme point of the spine; pain in the left ovary, shooting down to the knee; pain in the right arm, with stiffness of the wrist and hand; severe headache; rush of blood to the head; dizziness; pain in the forehead over the right eye, at first sharp, followed by a sensation of fullness; itching in the right ear; cold sweat over the whole body, which soon dries off, and again comes and goes as if by flashes; nausea and vomiting; burning sensation in the bronchial tubes; sharp pain just below the ribs on the right side, deep seated, followed by soreness; passages of the bowels previously light colored, irregular and constipated, become dark-colored, regular, and soft; passage loose, diarrhœic, dark-brown color, came on in the night and lasted five days; itching of the anus; great constipation accompanied with hæmorrhoids, not bleed-

ing, never had them before or since (three provers); passages small, dark brown, look as if burned; feels weak and nervous, uneasy, apprehensive, as if some dire calamity were about to occur; pain and bearing down in right side; leucorrhœa; menses appeared for the first time in over a year, since the birth of last child; color purple and scanty, with great pain; feel very weak, as a person feels after a severe illness; unable to make much exertion; the least exercise causes perspiration; slowness of pulse, decreased in ten hours from 72 to 58 beats per minute. All the symptoms worse in the afternoon.

REMARKS:—It will be observed that Wyethia affects the brain and nervous system, the mucous membrane of the throat and bronchi, the liver and portal vessels, and also the reproductive organs of the female. It has proved beneficial in dry asthma and chronic follicular pharyngitis. It has relieved the dryness of the pharynx and the burning of the epiglottis. It has repeatedly removed the inflammation of the mucous follicles of the pharynx, even when sufficiently numerous to give the membrane "a granular or mamillated appearance." It has proved beneficial in cases of irritable throats of singers and public speakers.

Two years ago an attempt was made to secure additional symptoms, which are given below in the language of the provers, who at that time were members of "*The Organon* and *Materia Medica Club* of the Bay Cities."

At the time of proving the potency and the drug were unknown to the provers.

FIRST PROVER.*

June 9th, 1896.—Began taking Wyethia, of which I took a drop in a teaspoonful of water before each meal. First dose 7.35 (did this for four days); 7.45, feels in nose as if about to sneeze; 7.50, sitting quietly, a momentary pain on inside of right foot from instep to the sole; 8.35, stretching

* Dr. McNeil took the first decimal dilution. (S.)

and yawning, itching on the left side of the chin; 4.10 P. M., dry sensation in throat, although mucous is abundant; 5.30 P. M., sensation of dryness and tickling on the edges of the eyelids, such as I felt when a sty was about to appear, sensation of dryness in throat; 5.35 P. M., a small itching spot on right side of neck; 8.00 P. M., dryness in throat, with abundant mucus.

June 7.—7.30 A. M., throat sore; 8.35, tingling in right foot when standing; 11.00, while in church, sensations of formications in eyelids, with lachrymation; 11.25, pain in the right testicle; 3 P. M., despondent; 6 P. M., pain on top of right shoulder midway between neck and point of shoulder, motion does not affect it.

June 8.—Before breakfast, lips feel dry, back of throat (posterior wall of pharynx) sore, increased flow of tasteless saliva; 10.30, pain in left ear, itching in left external canthus; 1.30 P. M., mouth full of sweetish saliva; at lunch bit tongue severely; 9.30 P. M., mouth feels dry and as if scalded, with desire to drink frequently in order to moisten it.

June 9.—Scalded mouth continues.

June 12.—6 A. M., lips feel scalded and swollen.

June 17.—Itching in rectum.

July 4.—10 A. M., headache left anterior part of brain, as if radiated from left inner canthus; 12.30, headache in left occipital protuberance. For several nights waken frequently and too early in the morning, without any disagreeable consequences.

July 7.—A sore hang-nail on third finger of left hand.

(Signed) A. McNEIL.

SECOND PROVER.*

June 5.—Began at 1 P. M., taking a drop before each meal.

June 6.—Depressed all forenoon, languid feeling of mind and body; despondent almost to desperation; irritable, cross,

* Dr. Underwood took the fifteenth decimal dilution. (S.)

easily angered about trifles; melancholy about the future, with no reason for it; seemed that I was forsaken by all my friends and was on the verge of insanity; bodily uneasiness, unfitting me for any work; felt that I could "*fall all down in a heap*;" muscles seemed to refuse to respond to the will.

June 7.—Entire incapacity for mental work; could not follow a line of thought twenty seconds; forehead cold to touch, with heavy feeling over the eyes as though the skin and flesh of forehead would come down over the eyes; intense drowsiness all day, worse after meals; irresistible sleepiness after lunch; accustomed cup of coffee was not relished.

June 8.—Dreams were vivid and real; was discovered talking in my sleep; the thoughts and work of previous day were on my mind on waking, as though I had not gone to sleep.

June 9-10.—Aversion to company; did not wish to see any one, not even intimate friends; great aversion to my work; had to punish myself to even visit a patient; quarrelsome, impatient, irritable.

(Signed) M. F. UNDERWOOD.

THIRD PROVER.*

June 8, 1896.—Commenced taking remedy given by Dr. J. M. Selfridge, one drop three times a day before meals.

June 13.—After a restless night awakened at 7.30 A. M., with severe, sharp pain in right tonsil; throat felt swollen and sore; tonsil red and inflamed; glands on right side of neck swollen and sore to touch.

At 9.30 neuralgic pains commenced in left arm and hand, then in back, limbs, and all over the body; skin felt sore to touch. Was quite ill all day, with no appetite whatever.

At 7.30 P. M. commenced to feel chilly; upon the slightest movement chills would creep up the back, with increase of pain; grew colder and colder, was very ill, and went to bed. At 9.30 fever commenced, with desire for food; head very

* Dr. Martin took the thirtieth decimal dilution. (S.)

hot; cheeks very red and burning; temperature 102 degrees, but still felt very chilly. Passed a very restless night, with chill, fever, and sweat all at the same time, with constant twinges of pain all over the body, particularly in back and limbs; could not bear the slightest touch.

June 14.—Temperature 101½ degrees at 8 A. M. Right tonsil and glands of neck still very sore, in fact, worse; pains over body less, though back quite sore and lame; felt very weak and unable to remain out of bed.

Still continued the remedy. All symptoms gradually improved, and was entirely well in a few days.

June 20.—Stopped taking the remedy upon advice of Dr. Selfridge.

June 21.—Very depressed, both mentally and physically; menses comenced at 2.30 P. M., with slight uterine pain. Retired at 10 o'clock, when the pain became intense and burning. Suffered all night, the pain being constant, though increasing in paroxysms with sensation as if the uterus expanded in order to keep all the pain within its walls. Could distinctly outline the contour of the uterus. Never had just such a pain before.

June 22.—Pain much better, but still a paroxysm every little while. Felt very weak all day, and mentally depressed.

When menses ceased, observed no further symptoms.

July 4.—Commenced remedy again.

July 18.—At 11 A. M., comenced to feel chilly, with aching pains all over the body, which gradually grew worse until 12 o'clock, when a most severe chill took place; shook all over; aching over body and headache intense. Took no more of the remedy, went to bed, and as I was growing worse, was given Aconite at one o'clock. There was great thirst for ice water during the entire chill, which lasted until 2.30 P. M., when fever came on; temperature 101 degrees, no thirst. In about fifteen minutes commenced to sweat. Temperature at 4 o'clock, 100 degrees; still sweating. At 10 P. M. menses

commenced; no uterine pain, but still aching all over body, which continued all night, preventing sleep; pains worse in limbs and back; at times jerking in character, making me start with every twinge; profuse sweating all night.

July 19.—Very weak; aching still continued, but less; cords of neck, right side, quite painful; passed a restless night, still sweating profusely.

July 20.—Much better, but still very weak; some aching and sweating; did not go to sleep until 3 A. M.; was nervous and restless.

July 21.—Much improved in every way, and was all right in a day or two. Did not take any more of the remedy.

July 26.—At 1.30 P. M. commenced to feel chilly, with intense headache and aching all over the body. The chilliness rapidly increased until at 2 o'clock had a worse chill than ever, which lasted until 4 o'clock, when fever came on, temperature soon reaching 103 degrees; sweating commenced almost simultaneously with the fever; headache was the most prominent symptom, which was terrific; intense, congestive headache; eyes extremely sensitive; bones of the face sensitive to touch; could not move the head a hair's breadth without intense agony; thought I should go mad from the intensity of the pain. This lasted until 10.30, when there was a sensation of faintness, due evidently to lack of food, which passed away after eating some cream toast; the headache then also began to grow less, and I passed a fairly good night.

July 27.—Was much better, but was too nervous to remain in bed; felt very weak all day; retired early, but did not sleep a moment all night long.

July 28.—Arose at 6 A. M.; was weak and dizzy all day; had to lie down every little while. Slept well this night.

Have been feeling fairly well ever since.

(Signed) ELEANOR F. MARTIN.

AUGUST 7th, 1896.

VACCINATION IN THE LIGHT OF THE ROYAL BRITISH COMMISSION.

M. R. LEVERSON, M. D., FORT HAMILTON, L. I., N. Y.

*Meeting of May 16th, 1890.**

Wm. Tebb examined. Qs. 9,452-4. Is President of the London Society for the abolition of Compulsory Vaccination. Has taken interest in the subject during the past twenty years. Q. 9,456. Will give testimony upon the following points:

1. Preliminary statement of the circumstances which first awakened his interest in the subject of vaccination.
2. Results of personal inquiries into the deaths due to re-vaccination of soldiers at Dortrecht, Holland, in 1883.
3. Results of personal investigation into the serious disaster following re-vaccination in the Fourth Regiment of Zouaves in Algiers, in 1880.
4. Other information as to the dangers attending re-vaccination in the army.
5. A vaccine disaster at Rügen, North Germany, as disclosed by the official report of a Government Commission in the Journal of the Imperial Sanitary Commission, Nos. 24 and 26, published at Berlin 1885, and in my correspondence with one of the Commissioners.
6. Particulars received from Dr. James B. Baird, President of the Board of Health, Atlanta, Ga., U. S., concerning a disaster due to re-vaccination in Thomasville, Ga., U. S., in 1882.
7. Parental reasons for non-vaccination as disclosed in the household census returns, the reports of vaccination prose-

*As stated in the August number of THE HOMŒOPATHIC PHYSICIAN, the testimony of Mr. Tebb, because of its exceptional importance, is now published out of the proper order: being made to take precedence of that of Dr. Creighton.

cutions, and the proposal forms of the defense fund of the London Society for the Abolition of Compulsory Vaccination.

8. Details of disaster following vaccination in Villefranche (D'Aveyron), at Motte aux Bois, and in the Department de l'Oise, France.

9. The relation which appears to subsist between vaccination and leprosy in the West Indies and British Guiana, as the result of inquiries made by me in the early part of last year (1889).

Lastly. Other evidence which has from time to time come before me as President of the London Society for the Abolition of Compulsory Vaccination.

Q. 9,457. *As to No. 1:* Twenty years ago my wife took my second daughter to our family doctor for vaccination. The operation apparently produced no effect. A few weeks later my wife took the child again; the doctor said: "Madam, I would not recommend you to have the child vaccinated again; vaccination does not prevent small-pox, and it may do the child an injury." This led me to consider the subject. In reading the medical journals my attention was arrested by the contradictions and confusion of medical opinion as to the kind of lymph to be used, the number of punctures necessary, the amount of protection afforded, the necessity and demand for a repetition of the operation, especially during epidemics. Saw article in *Lancet* of July 15th, 1871, stating that early in the epidemic 122,000 vaccinated persons had been attacked, of whom 10,000 died. Mr. Tebb described the various prosecutions to which he had been subjected—some refusals by magistrates to listen to the defense in his own cases and those of others; the bigoted remarks of Lord Chief Justice Cockburn on the hearing of his appeal against repeated convictions; the cruel and vindictive persecutions to which he and others had been subjected; a correspondence with Mr. John Bright, who deplored the injustice

of the law and his inability to do anything in the matter. He was asked by the Chairman if he was during this time President of the Association for the Abolition of Compulsory Vaccination (Q. 9,459). To which he replied that he was merely an inquirer at the time. In answer to Sir Guyer Hunter he says he was not at the time connected with any of the anti-vaccination societies. After the twelfth summons issued against him the Board of Guardians passed another resolution to continue the prosecutions. He thereupon addressed a letter to the Board, in which he laid before them the extent of the persecution to which he had been subjected, which in pecuniary loss alone amounted to £200 (\$1,000), and stated that no amount of continued prosecutions would alter his determination not to submit his child to the risks of injury by vaccination. Also that in Vol. VIII, p. 193, of the *Medical Observer*, 1808, are given 535 cases of small-pox after cow-pox, 150 cases of cow-pox disease. The article in the *Medical Observer* was by Dr. Charles Maclean, London, August 20th, 1810.

As to No. 2 (Q. 9,465). On August 6th, 1883, he visited Dortrecht, Holland, for the purpose of investigating certain fatalities reported in the *Amsterdam Standard*, but contradicted by other journals. On May 25th, 1883, sixty-eight recruits of the Pontonniers were re-vaccinated with arm-to-arm lymph obtained from Maastricht, South Holland. In a few days seven of the soldiers were found seriously injured in the vaccinated arm, and after acute sufferings three of them succumbed.

Q. 9,467. Details the circumstances and authority on which the above statements were made, showing them to be irrefragable and official. Also that in consequence the Minister of War of Holland (Mr. Weitzel) had issued a circular notifying recruits that vaccination was thenceforth not to be obligatory. Also that these facts were brought to the notice of Parliament and of the Secretary of War by

Mr. Arthur O'Connor on August 14th, 1883, but up to March 26th, 1890, the British War Department had not altered their practice on the subject.

On June 21st, 1883, Mr. Fabius, in the second chamber of the Holland Parliament, had interpolated the Minister of War in Parliament, and that Mr. Weitzel, after detailing the facts as above set forth, further states that every precaution was taken at the time by the surgeon to secure the safety and efficiency of the operation.

Mr. Tebb also showed that one journal, the *Handelblad*, and some surgeons had, in the face of the admissions and action of the Minister of War, actually presumed to say "that vaccination had nothing to do with the disaster."

Q. 9.468. Details the abrogation of the regulation enforcing re-vaccination in the Swiss Army on December 26th, 1882. At the International Anti-Vaccination Congress, held at the Hotel de Ville, Berne, a re-vaccinated soldier, Nicholas Gfellen, Mounsingen, was introduced, suffering from caries from re-vaccination. Had been afflicted fifteen years. The case was medically examined by Dr. Boëns, Dr. Oidtmann, Professor Vogt, and other medical men.

Q. 9.472 (Dr. Bristowe). "And this inquiry was held fifteen years after the patient's vaccination?" Answer: "This unfortunate man had suffered fifteen years."

Qs. 9.475-86. Sir Guyer Hunter and Mr. Meadows White inquired into the personal statement (under heading No. 1), and find it very curious that after taking a fee of one guinea for vaccinating his child a medical man should afterwards tell him that vaccination was no protection. By their questionings they bring out more strongly than before the fact that both Mr. and Mrs. Tebb, prior and up to this time, had a strong belief in the efficacy and innocuousness of vaccination.

Qs. 9.486a-91 are attempts to belittle the Dortrecht case. They fail.

Q. 9.492 (to Mr. Bradlaugh). "The Minister of War had given an answer in the Chamber, stating the facts."

Q. 4.993. Mr. Tebb was refused a copy of the official proceedings in relation thereto, Dr. Rutgers stating he was not authorized to send a copy.

Qs. 9.498-9.502. Mr. Meadows White probes the evidence in the Swiss case.

Q. 9.503 (Mr. Picton). "Did not Dr. Oidtman or Dr. Vogt inquire into the origin of the disease?" "Yes."

Q. 9.504. "And questioned the man?" "Yes; all the medical men seemed deeply interested in comparing the answers of the man with his appearance." Q. 9.474. Both pro-vaccinators as well as anti-vaccinators were present at the Congress.

Q. 9.515 (Mr. Hutchinson). "With reference to the Dordrecht case, do you know whether any report has been made which has found its way into the English medical journals?" "I believe there has been no mention of the case in the English medical journals."*

Down to Q. 9.526 the nature of the evidence for the Dordrecht case is inquired into—it remains unshaken.

Q. 9.527 (By the Chairman). The paper in the eighth volume of the *Medical Observer* is written very strongly, attacking vaccination and vaccinators.

Q. 9.530. *As to No. 3*—The Algiers disaster on December 30th, 1880, fifty-eight young recruits of the Fourth Regiment of Zouaves, stationed at Algiers, were vaccinated and infected with an aggravated form of syphilis.

Ten weeks after the operation the soldiers were sent to hospital. In a month all except six were dismissed, but were soon compelled to return. Syphilis had affected their

*Nor have I been able to find any in the American medical journals. It is one unhappy fact that nearly all the medical journals, by a sort of "conspiracy of silence," refuse to admit into their columns any fact which tells against their fetich—vaccination.—M. R. L.

constitution. Some had ulcers for four or five months; one had not recovered in the eighth month; others had affections of the lips, tongue, or palate. Some showed discoloration of the skin; some had violent headaches; affections of the teeth and gums and of the joints presented themselves to my observation, in addition to the usual symptoms of this dangerous and disgusting malady. Some had decay of the hair of the head, eyebrows, and eyelashes.

Of these sad cases, though the details were published in various English and French journals, not one word appeared in any of the medical journals with exception of a slighting reference to it in the *Lancet* (London) of September 3d, 1881, p. 439.

Q. 9,532. Mr. Tebb described his voyage to Algiers to try and learn the facts and the attempts made both in France and England to suppress them. He quotes Dr. Emile Bertherand, one of the leading physicians of Paris, as saying: "The denials of your chiefs in London of this sinister affair on theoretical grounds only are absurd. I have seen the infected youths at that hospital (pointing in the direction of the hospital) and the cause of their misery is not disputed. How ridiculous to deny in London what every one here knows to be true." He described his efforts to obtain access to the official reports in Paris, but Dr. Dujardin-Beaumetz, the surgeon-in-chief at that hospital, declined all information, but suggested that he obtain an authorization from the general in command, and one of the physicians said: "The best way to do this will be by means of an introduction from the British Consul."

Surgeon-Major Brassy, the Military Secretary, said: "This affair has been bad for the army, bad for vaccination, and bad for us, and I do not think you will obtain the authorization required."

Mr. Tebb called at the British Consulate and stated to Colonel Playfair (brother to Dr. Sir Lyon Playfair) what had

occurred at the Hôpital du Dey, and Colonel Playfair positively refused to give the letter or to aid him in any way to get the information required! Mr. Tebb went to Algiers, and on Sunday, March 23d, 1884, had an interview with the general in command pursuant to an appointment solicited by him.

Qs. 9,533-4. Mr. Tebb begins a narrative of what took place, refreshing his memory from his notes taken at the time.

Q. 9,549. The colonel (Colonel Gaussard) stated he was authorized to give him the facts in brief, and then read from a paper prepared not by but for him: "The recruits of the Fourth Regiment of Zouaves were vaccinated according to military regulations on December 30th, 1880, at the Hôpital du Dey; fifty-eight of them were operated upon with lymph from a Spanish child of *remarkably healthy* appearance, each soldier being vaccinated in six punctures. The whole were infected with syphilis, the surgeon having mistaken syphilitic pustules for vaccine vesicles."*

On Wednesday, June 11th, 1890, Mr. Tebb's examination was resumed.

Q. 9,733. Gives from a journal, *L'Akhbar*, of August 1st, 1881, the following description by a physician: "At the expiration of one month a superficial cicatrization obtained by

* This statement prepared for the Colonel by medical officials who, by their position, were pledged to uphold vaccination, and ingenuously stated by the English vaccinating official, Dr. May, were anxious, as he was, "to save vaccination from reproach," deserves some notice. To save vaccination, the doctor who vaccinated is to be sacrificed. He is said to have mistaken "syphilitic pustules for vaccine vesicles;" but as shown in the pathological table published in THE HOMŒOPATHIC PHYSICIAN of June, 1898 (vol. xviii, pp. 239-45), the vaccine vesicle is a chancre. The Spanish child was of remarkably healthy appearance until some time after it was vaccinated, and there can be little doubt in the mind of any person of plain common sense, whether physician or layman, but that syphilis was invaccinated upon it. It died of syphilis, as did several of the soldiers.—M. R. L.

the first treatment allowed the greater number of those who had entered to leave the hospital. Only six remained, but the others were not long in returning, in consequence of the serious symptoms which manifested themselves in every case in the most dangerous manner, with differences due to various temperaments.

"In a comparatively short period an absolute constitutional syphilization had invaded all the organs. Every patient showed more or less all the symptoms of syphilis. We have observed and recognized the following: Ulcerated wounds on the arm, cicatrized according to the individual at the end of three, four, or five months. There is one among them with whom they are not yet healed. Roseola, mucous patches on the lips, the tongue, the palate, the pharynx, etc. Indurated chancres, with or without gonorrhœa, swelling, boils and blotches on all parts of the body, copper spots, sore throat, receding gums, toothache, violent headache, enlargement and inflammation of all the ganglions of the lymphatic system, in the jaws, the neck, the throat, the joints of the loins, the arms and the legs, falling off of the hair, the eyebrows, and the eyelashes."

Q. 9,734. The Chairman asks: "Would you say for what purpose you are reading this?"

Q. 9,736. The editor of *Le Petit Colon*, the first journal which published an account of the disaster—Mr. Charles Marchal, who is also Secretary to the Conseil-General of the city, stated to Mr. Tebb: "To describe their condition is impossible; in one word, they are ruined for life." He also informed Mr. Tebb that he knew that after terrible sufferings one-half the soldiers had succumbed to the terrible disease. He then described the satirical comments of the Algerian papers on the statement of Mr. Dodson in the British House of Commons pretending that he could not get any information from the French Minister of War, and accusing the French military doctors of having neglected to inquire

into the health of the vaccinifer. Also refer to the disaster at Leburg, in Wirtemberg, where on July 1st, 1876, twenty-six young girls were vaccinated from an infant of seven months, apparently in excellent health. From four to six weeks after the operation twelve of the young ladies exhibited indisputable symptoms of syphilitic disease.

Qs. 9,740-46. Professor Michael Foster and Mr. Meadows White take hold of the statement prepared for Colonel Gaussard that the surgeon had "mistaken syphilitic pustules for vaccine vesicles," and try to make out that the fault lay with the surgeon. They fail entirely in that attempt.

Q. 9,747 (By Dr. Collins). It was in consequence of the incompleteness of the information he was able to obtain from official sources here that he went to Algiers personally.

Q. 9,748. Mr. Dodson here said that so far from admitting the fact that this disease was communicated to the vaccinifer, he could not entertain the slightest doubt that such was not the case, the more especially as the children from whom the lymph was taken were in excellent health.

Q. 9,749. The editor of the *Journal d'Hygiene*, Dr. de Pietra Santa; General Farre, the Minister of War, and Colonel Gaussard all said that the children appeared in excellent health.

Q. 9,751 (To Dr. Collins). Sir John Simon, in answer to Q. 3,523 before the Select Committee of 1871, said: "There would be no danger in taking vaccine lymph from a child having an hereditary taint as yet undeveloped."

Q. 9,752. There was no rash upon the child.

Q. 9,754. There was no evidence whatever from any source tending to show that the vesicle which furnished the lymph was a syphilitic pustule, except the fact that the fifty-eight men who were vaccinated from it had syphilis. (See note to Q. 9,549, *supra*, p. 389.)

Q. 9,755-62. Questions by the Chairman, Sir Wm. Savoy, and Professor Michael Foster who try to confound Mr. Tebb

on this point, but with the effect of making it come out all the stronger from various confirmations.

Q. 9,763. Sir James Paget asks Mr. Tebb, who is not a physician, "Is there any form of syphilitic pustule which is at all like a vaccine vesicle?" But Mr. Tebb says he does not know. (As shown in the table before referred to the vaccine vesicle is a chancre, but generally a very mild one; occasionally it assumes its normal virulence.)

Q. 9,766 (To Dr. Collins). Dr. Dujardin-Beaumetz told Mr. Tebb at the Hôpital du Dey that he had all the facts of the disaster there. "So that," said Mr. Tebb, "they sent me to the wrong man." (Was that done intentionally?)

Qs. 9,767-84. Further quibbling over Colonel Gaussard's statement.

Q. 9,785. Mr. Tebb, as an answer to a question of Dr. Collins before put, quotes Dr. Ballard's prize essay, p. 344: "But is the syphilitic contamination of the puncture always pustulous? Does it never happen that the vaccine virus and the syphilitic virus are each drawn at the same moment from the same vesicle, and that, too, a fine, perfect, complete, and unmistakable Jennerian vesicle? I believe that it does happen. I believe it happened in the Rivalta and the Lupara series; and this disposes again of the theoretical objection that the same vesicle cannot furnish both viruses, unless it be modified somehow in its characters. The perfect character of the vesicle is no guarantee that it will not furnish both vaccine and syphilitic virus." Dr. Ballard, says Mr. Tebb, is one of Her Majesty's Inspectors of Vaccine.*

Qs. 9,786-96. Questions directed to ascertain the character of the evidence showing the vacciner to have been healthy, at least in appearance, up to the time of its being vaccinated. The result is to show there is no reasonable doubt but that the child was perfectly healthy up to that time.

*The truth of the matter was so plain that these learned men could not see it. Jenner's Vaccinia and Syphilis are one.—M. R. L.

Q. 9,797. As to the disasters at Rügen. A serious outbreak of a peculiar skin disease. In consequence of serious and fatal effects following vaccination in Germany the Government has established central vaccine institutes to introduce a safer variety of vaccine. As the result of his inquiries Mr. Tebb received an official communication from Dr. Med. Koehler, Regierungs and Medical Rath, in which that gentleman states, under date Stralsund, October 29th, 1885:

"On the peninsula Wittow, Isle of Rügen, seventy-nine children were vaccinated on June 11th with humanized thymos lymph obtained from the vaccine institute, and with three exceptions all fell ill in the second week after the vaccine operation of a pustular eruption (ausschlag)." The three who escaped seem from the report to have been twelve years old or over.* "By the vaccinated children, brothers, sisters, and parents became infected, and the number of the sufferers rose to 320 out of the 5,000 inhabitants. About three-fourths have recovered, the remainder are still ill." (The document making this report is dated Stralsund, October 29th, 1885). "The disease was conveyed by the vaccinations, but the children from whom the lymph was taken were (according to the most careful and searching official inquiries) found free from eruptions, and the original cause of the outbreak is not ascertained. The complaint has been named by the English Dr. Foss (Dr. Fox), 'Impetigo contagiosa.' This is a simple infectious but not dangerous disorder. No adult has died of it."

On the attention of the Local Government Board being called to the case, after an inexcusable delay from May 20th to June 28th, after various urgings from members of Parliament, the Local Government Board caused its Assistant Secretary, S. B. Provis, to write to Mr. A. D. Connor, M. P., a

*The *influence of age* corroborating the opinion expressed by me in the note to Dr. Cory's testimony (HOMŒOPATHIC PHYSICIAN, Vol. xviii, June No., p. 239).—M. R. L.

letter, in which occurs the following: "I am to add that the evidence connecting the disease with the operation, which professed to be vaccination, is, in the opinion of the Board's medical officer, inconclusive, and also that the operation was not 'vaccination' as the word is understood in England, but consisted of insertion into the arm, after the manner of vaccination, of a mixture of vaccine-lymph, thymose-solution, and glycerine, of which mixture by far the largest part must have been glycerine."*

The official German report, published in the journal of the Imperial Sanitary Commission, Nos. 24 and 26, December 15th and December 30th, 1885, is not in agreement with the official letter of the Assistant Secretary of the British Local Government Board. The German Commission's report gives a minute history of the case, and says: "The Commission are unanimously of the opinion that the outbreak of the disease has been a direct consequence of vaccination. They agree with perfect certainty that by vaccination infectious matter has been transmitted, by which the disease was in the first place caused among a number of the children vaccinated for the first time." From Q. 9,798 to Q. 9,834 the Chairman, Dr. Bristowe, Professor Michael Foster, Sir James Paget, and W. Hutchinson labor hard with the witness to show that the German vaccination was not real vaccination, and that it was the glycerine which caused the mischief. This is explicitly stated by Lord Herchel at Q. 9,798 as being the contention of the Local Government Board. This intention becomes amusing, if anything in the awful tragedy of the vaccination superstition can be amusing.

*This is the mixture which the English Local Government Board is now seeking to force upon the people of England in the place of the "arm-to-arm lymph" which they heretofore compelled public vaccinators to employ, on pain of being refused the "extra allowance" for good work.
—M. R. L.

NATRUM-MURIATICUM.

BY DR. WASSILY, KIEL.

[Translated from the *Zeitschrift des Berliner Vereins Homöopathischer Aertze*, by A. McNeil, M. D., San Francisco, Cal.]

Natrum-mur. is one of the most important remedies of the homœopathic treasury, and better adapted than any other to demonstrate to our opponents the truth of Hahnemann's development of drugs by potentization. As in some regions certain forms of disease always exist, so we find in this locality that one remedy cures diseases which differ widely from each other (diagnostically, Trans.) Natrum-mur. is such a remedy in Schleswig-Holstein. Formerly much malaria manifested itself here, but now it is rare; but instead of it, types of disease occur daily which reveal a slumbering malarial influence, for which Natrum-mur. always proves itself to be the curative agent. The pathologico-anatomical images are so different that a healing artist who searches for a homœopathic remedy in the way the allopaths do will grope in darkness and obtain transient results. Only by taking the totality of the objective and subjective symptoms, and tracing out the antecedents, can the right choice of the remedy be made. One must free himself entirely from the pathologico-anatomical ideas and the names associated with them, and individualize to the finest shades, and his labor will be rewarded with success. As examples of the administering of remedies and actually curing are the best instruction, I give in the following a number of cases of disease which I have treated in the last years. The Natrum-mur. cases occur more frequently in the spring of the year.

CASE I.—MENTAL DEPRESSION.

Mrs. H., aged thirty-nine, consulted me January 15th, 1895, on account of the following complaints: She has suffered for years from an increased despondency, which began during a three-years' absence of her husband. She is somewhat anæmic, and in her youth was *very chlorotic*. She suffers moderately from

a pressing headache. Lately, almost regularly *from 9 to 11 A. M.*, she has so violent a palpitation of the heart that she must sit down. Mentally and physically she is intensely miserable. Sometimes such a feeling of grief overcomes her that she weeps for hours. *Every expression of sympathy is offensive to her*; she prefers to be alone then. She suffers from oppression and anxiety around the heart, and thinks much about disagreeable things that have happened to her. Menstruation regular, but profuse; suffers much the first day. Her sleep is disturbed by dreams, and she is very sleepy in the daytime. *She longs for the open air*, yet she cannot walk far. Her appetite is variable; stool and urine normal.

Natrum-mur. 200, a dose each evening for three days. In two weeks she is better, but not in all respects. Mentally freer and physically better; the palpitation has almost ceased. Continued the Natrum CC., one dose a week. (Why? Trans.) Her state of mind in the following weeks perceptibly better. She again enjoyed social pleasures, etc. In April she was attacked by influenza, attended by the most violent pains in the head and loins; Bell. and Rhus soon caused improvement; but there still remained considerable weakness, with chilliness and thirst in forenoon, and China and other remedies did not cure, and one day the former mental depression, with great anguish of mind, again returned. I gave Natrum-mur. 6, and after three days the 500th, and in a short time she was as if transformed. Even to the husband the improvement after the last medicine was so striking that he could not sufficiently admire it. I continued the medicine at long intervals, and a perfect cure resulted.

CASE II. CEPHALALGIA.

A slender lady, æt. forty-eight, consulted me for the following symptoms: April 28th, 1894, violent throbbing and shooting pain along the course of the trigeminus. Touch and lying down aggravate. The pains set in almost regularly every forenoon at ten o'clock. When the pains are most violent lachrymation accompanies them. At night she is free from pain. *In the forenoon there is chilliness, with thirst.*

After the ineffectual administration of *Spigelia* 6, which only slightly alleviated, I gave *Natrum-mur.* 200, three doses of five pellets each, to be taken in the evenings.

In eight days she was permanently free from pain. On the first day there was a violent aggravation.

CASE III. DISEASE OF THE CORNEA.

March 15th, 1895. Miss G., æt. thirteen, has suffered for four years from constantly recurring ulcers of the cornea—both eyes. She has been twice at Sylt (a watering-place on an island of the North Sea, Trans.), which did her much good both times. There are two ulcers, the size of pin-heads, on the left cornea, near the edge. The lids are much reddened, the conjunctiva but little. She complains of burning lachrymation, and sensation of sand in the eye in the morning. Photophobia is scarcely present, only *sunlight is not well borne*. The child is somewhat chlorotic, and suffers from palpitation of the heart, especially when ascending stairs and running fast. *Natrum-mur.* 30, two doses a day for four days. In eight days one ulcer was healed, and after a few days more the other also. No cloudiness remained.

April 27th, 1895. She again complains of palpitation of the heart and irregular stools. *Natrum-mur.* 200, one dose a week for two months. After that she remained well, and the inflammation of the cornea did not return the following year, although she did not go to Sylt.

CASE IV. DISEASE OF THE LACHRYMAL SAC.

August 8th, 1895. Miss G., æt. thirty, suffers from a swelling of the inner canthus of the right eye, as large as a bean. When pressed, a watery secretion, which is liable to become cloudy, escapes. The conjunctiva palpebrarum reveals a moderate vascular injection. Her general health is not good. She has much *headache, usually in the forenoon, with improvement towards evening*. She has pressure in the stomach in the afternoon, *thirst*, bowels inactive. The urine frequently has a *reddish sediment*; menses regular, with profuse leucorrhœa before and

after. Windy and wet, cold weather aggravates the complaints of the eyes. Disposition depressed and irritable. Natrum-mur. 200, a dose night and morning for three days.

September 6th. The general condition is much better ; pressure in stomach is gone, and the headache nearly so. No essential difference perceptible in the lachrymal sac. Natrum-mur. 200, a dose every week.

November 20th. The enlargement of the sac has disappeared ; only with difficulty may a drop be squeezed out. Natrum-mur. 300, a dose every ninth evening.

December 21st. The patient wrote me, in speaking about the case of the child, that she has no symptoms of the disease in her eyes remaining, and her general health is perfect.

CASE V. CHRONIC NASAL CATARRH.

July 25th, 1896. Mrs. H., æt. forty-eight, has suffered for about two years from a chronic nasal catarrh, for which she has tried many kinds of treatment. The mucous membrane of the nose is reddened and swollen. *She has constant discharge, with loss of smell ; part of the time it is fluent, part thick ; at times there is a profuse flow of clear water from the nose ; usually this is in the forenoon.* She also complains of weakness of the eyes, and heaviness of the lids ; palpitation of the heart when ascending stairs, sometimes thirst ; pappy stools ; *sadness.* Natrum-mur. 12, five drops twice a day.

August 4th. Catarrh unchanged ; heaviness in the lids. Natrum-mur. 200, a dose every fifth evening.

September 17th. Catarrh considerably better ; the watery flow has ceased, but much sneezing has occurred. Cyclamen 30, a dose every fifth evening.

September 29th. Catarrh not much better, but certainly no worse. For a time she has fulness after eating, pressure in the stomach and dryness of the mouth. Natrum-mur. 200, a dose every week.

October 20th. I only noted, "better in every way." Prescription the same.

December 29th, 1896. The patient says she is cured ; her sense of smell is restored.

CASE VI. GASTRIC DISORDER.

April 17th, 1895. Mr. J., æt. forty-six, has had this derangement for two years, for which he has taken many medicines. *Almost every evening pains in the region of the stomach*, going then to the back, *with fulness and distension*. Acids disagree, fats still more. He often has a *feeling of hunger* in the evening, when he must eat, or the pains become intolerable. His urine is dark and strong-smelling. Palpitation of the heart is frequent. Heart-burn. Sleeps badly before midnight. He is *irritable and out of humor*. He is *worse in the spring of the year*. He suffered from malaria when a child. Natrum-mur. 200, a dose every fifth evening of five pellets each till better, then one every week. In four weeks he announced considerable improvement, scarcely any pain, disposition excellent.

May 30th. He has nothing of which to complain, so that no further medication was necessary.

CASE VII. GASTRIC DISORDER.

October 21st, 1895. Mrs. W. A., æt. fifty, has suffered for years from pains in stomach, for which she has taken many medical mixtures. These pains occur every day and at any time of the day or night. No appetite ; thirst ; eructations which do not relieve ; palpitation of the heart when ascending stairs ; cold feet : *sleepiness in the morning* ; menses still continue ; cannot endure sultry air, and when bad weather sets in she feels a "fever through the body." Natrum-mur. 30, a dose every fourth evening.

November 16th. She is better in some regards, only now and then she feels a slight pressure in the stomach. Natrum-mur. 30, a dose every week.

December 26th. She brought her daughter to me, who is suffering from chlorosis. She says that she herself is entirely well. The daughter was helped by Natrum-mur., as is often the case.

CASE VIII. GASTRIC DISORDER.

February 15th, 1895. H. St., æt. thirteen, has had gastric complaints for two or three years. She has pains in the stomach when waking, and goes to bed with them. She looks very chlorotic. She is *very thirsty*; appetite very good; aversive to butter and sour *black bread*; risings of food and sour belching; frequent palpitation of the heart; stool irregular; urine on standing deposits a *red sediment*; sometimes she is very *irritable and at other times very hilarious*. Her mother was chlorotic for years, and has suffered from intermittents. Natrum-mur., a dose every fifth evening.

March 17th. Her health is very much better. The pains in the stomach have not returned since the third powder. She still has the uprisings.

Natrum-mur. 300, a dose every week.

April 26th. Her complexion is entirely changed, and her general health is perfect.

CASE IX. RHEUMATISM OF THE JOINTS.

October 4th, 1896. Miss A. T., æt. nineteen, has suffered for five days from violent burning pains in the ankles and knees. These joints are slightly swollen. She is chlorotic, and in early childhood had a valvular disease. Appetite entirely gone; she is *thirsty*; violent *palpitation of the heart*; dry heat with red cheeks; constipation; pains day and night. Ferrum-phos. 6 in watery solution, a teaspoonful every three hours.

October 6th. Condition worse; she now has pains in the shoulders and neck, *stitches in the finger-joints and sweat in hands*; sadness. Sepia 6, eight pellets in a half-glass of water, a teaspoonful every three hours.

October 8th. But little change; palpitation aggravated when lying on the left side. Natrum-mur. 30, in watery solution, a teaspoonful every three hours.

October 10th. She is considerably better; pains only in the knees and ankles; palpitation only a little better. Medicine the same.

October 12th. Still better ; appetite has returned ; stool without an injection ; sleeps well. Natrum-mur. 30, a dose night and morning.

October 15th. She came to my office almost free from pain. Natrum-mur. 30, a dose every week for the chlorosis, which entirely disappeared under the use of the remedy.

CASE X. IMPOTENCE.

March 3d, 1896. Mr. S. suffers from the results of onanism, the most important of which is impotence, from which he has suffered two years. During stool, which is usually hard, but at times fluid, he has *erections and discharge of prostatic juice* ; he feels weak in the knees and back, and sometimes has pulsation there ; he has nocturnal pollutions as often as three times a week ; heart palpitates on slight occasions ; *sleepy* in the daytime. Sile-nium 30, a dose every fourth evening.

April 24. No change. Natrum-mur. 30, in the same way.

May 21. Considerable improvement. The complaints which occurred at stool are gone. Natrum-mur. 200, a dose every week.

June 29th. The improvement has progressed. The weakness is now scarcely perceptible.

September 24th. He reported that he had accomplished coitus, although not perfectly. His general health is good. Prescription the same.

January, 1897. He reported his health as perfect in every regard, and needs no medicine.

CASE XI. GLEET.

February 27th, 1896. C. K., æt. 40, contracted gonorrhœa six months ago, for which he took weak injections of Nitrate of Silver for two weeks. The flow ceased, but after twenty-one days returned. Since then he has used all sorts of things, but in vain. There is a watery, grayish mucous discharge, particularly in the morning, and at all times by pressing on glands. *Pain when finishing micturition and afterwards* ; he feels weak ; has catarrh of

the throat with much hawking of mucus, and a *sensation of a hair in the back part of the tongue*; constipation; sadness. Natrum-mur. 12, five drops in a teaspoonful of water, night and morning.

March 14th. The discharge is only in the morning, and obtained then only by pressing on the glans; there is a watery discharge, but not enough to form a drop. The catarrh in the throat and the general condition are considerably better. Natrum-mur. 200, one dose a week.

March 24th. There is no discharge, but he believes that at times the meatus adheres occasionally. The urinary complaints have ceased for weeks. The same prescription. I met him weeks after and he said he was entirely well.

The mental condition of the Natrum-mur. patient nearly always is depressed, particularly in chronic diseases. It may increase to the extent of a pronounced melancholy. *Aggravation from consolation is characteristic.* When most melancholy prefers solitude; when sympathy is expressed for them they either leave the room or they become irritable or in silence give free vent to their tears. Others are irritable, depressed, and incapable of performing either mental or physical labor. Dwell obstinately on past disagreeable occurrences; but sometimes in the evening cheerful, hilarious, and equal to any task; young girls at such times dislike going to bed at a reasonable hour. The mental phenomena are as changeable as the physical ones. The headaches differ much, are usually seated in the forehead, are pressing and pulsating, with aggravation from mental exertion. The pains may be very violent, the tongue is usually dry with them, adheres to the roof of the mouth, although it looks moist. School children of from ten to twelve suffer from dull headaches with sensation as if the eyes were bruised, with aggravation when moving them. It also has a headache with sharp pains and feeling as if the head would burst as with Bryonia. Or headache with partial blindness—blindness before the headache occurs with Sepia, Gelsem., Hyos., Iris, Kali-bichrom., and after the headache with Silicea. Neuralgias which rise and fall with the sun, or occur

periodically, or at a definite time of day (nearly always in the morning or forenoon, Trans.).

Natrum-mur. is one of the most important remedies for impoverishment of the blood. It acts on the eyes in retinitis, which depends on a general failing of the vital powers. It acts also in amblyopia and amaurosis. The muscles of the eyes are weak and stiff on moving them. The letters run together when reading; he sees sparks, zig-zags and points before the eyes. In scrofulous ophthalmias it is characteristic for a disposition to pass from one eye to the other; it is often indicated after the use of Nitrate of Silver. The ulcers are superficial, cause but little injection, and seldom leave cloudiness of the cornea. The lachrymation is usually acrid and burning, not, however, as much so as in Arsenic cases. The lids may be spasmodically closed. There is nothing characteristic in its affections of the lachrymal glands and ducts; the totality decides the choice. The protrusion of the eyeball reminds us of the beneficial effects of Natrum-mur. in morbus basedowii.

Noises in the ears, roaring and ringing, as well as hardness of hearing, are curable by this remedy.

Chronic fluent coryza is sometimes attended with dryness of the nose. In the same way the patient complains of dryness of the mouth, although the tongue may appear moist. Much mucus collects in the throat, which the patient must hawk up, particularly in the mornings. Vesicles and burning on the tongue, and a sensation as if there was a hair on it. Eruptions around the mouth and vesicles like pearls on the lips are characteristic in intermittents (also of Rhus, Trans.).

Natrum-mur. is a grand remedy for diseases of the stomach and intestines. Thirst is never really absent; the other phenomena differ extremely in individual cases. Pain or pressure in the stomach sets in either when the stomach is empty, while eating, or one or two hours after. A characteristic which is seldom observed is *sweat while eating*. Heartburn, warm symptoms, and sometimes vomiting, occur. The taste is often salt; craving for salt food often occurs. Frequently no appetite; sometimes the

same patient has a morbid desire to eat—canine hunger. There is aversion to fat or the exact opposite; to bread, and sometimes to meat, coffee, or water. In many persons stitches when moving quickly or riding; in some patients the spleen, in others in the region of the liver. Cutting pains in the abdomen daily are frequent. Flatulent complaints and distension of the abdomen are not so pronounced as with *Lycopodium*.

Stool is delayed and difficult either from inactivity of the intestines or from hardness of the stools. In other cases the stools are either pappy or watery; after stool burning pains or stitching in the anus.

The urine often has a reddish sediment; when finishing micturition and after, more or less violent pains in the urethra are frequent; slimy, watery discharge from the urethra like that of gleet.

Weakness of the sexual organs is conspicuous. The patients suffer from pollutions, even after coition; weakness of the back as a result of onanism, also incipient spinal diseases. In the diseases of women *Natrum-mur.* is often useful. It is indicated in hyperesthesia of the uterus. Painful coitus in anæmic women; prolapsus of the uterus; menses irregular, usually profuse; sadness; palpitation of the heart and headache frequently precede them. *Leucorrhœa* is often cured by it; it is acrid, watery, or greenish; the sensation of dryness also occurs in the vagina.

Natrum-mur. patients often have pains in the back; they usually have with it a desire for a firm support, such as leaning against or lying on something hard. (*Rhus* and *Sepia* both have this; they often place the forearm between the back and the chair or the back and the bed, *Trans.*) Weariness in the arms or legs, but especially in the knees, is very frequent; swelling of the feet in the anæmic, and sometimes a sensation as if paralyzed in one arm.

The cough of *Natrum-mur.* is usually dry, and is excited by tickling in the throat or the epigastrium. Or he has mucus, bloody, insipid, or salty-tasting sputa. Stitches occur all over the chest either transiently or persistently. The cough is some-

times attended by bursting pains in the head; it occurs in paroxysms, often in the morning and in the evening after lying down, or repeatedly through the day with periods of hours between.

There is no remedy which has such different or changeable symptoms in the heart as *Natrum-mur.* The pulsations may be very weak or very strong, they are often felt through the entire body. Palpitation occurs while at rest or when moving, as in ascending stairs, walking quick, etc. The first sound may be either increased or divided; valvular complaints may exist. The pulse is often quick and weak, sometimes full and slow, and again very irregular, and may be intermitting, particularly when lying on the left side, with throbbing felt all through the vessels.

Natrum-mur. patients mostly suffer from weariness and sleepiness in the daytime, particularly in the forenoon; are sometimes cheerful in the evening and sleepless after first going to bed. Have many dreams—pleasant, fanciful, or anxious—nervous jerks in sleep are frequent.

The diseases on the skin which are more particularly under the curative influence of *Natrum-mur.* are hives, which itch, bite, and burn, and often appear in the moist air of the coast; crusty eruptions, partly purulent and partly dry, situated in the bends of the limbs (inner side), behind the ears, and on the margins of the scalp. I have also relieved and cured psoriasis with it.

In intermittents the chill is most characteristic which appears between 9 and 11 A. M. Then follows heat, which may become so violent that the patient begins to be delirious, the thirst increases with the fever; gradually profuse sweat breaks out, during which the complaints which accompany the heat again disappear.

The general characteristic symptoms are the following: Great disposition to catch cold; emaciation, particularly in children who suffer from deficient nourishment; pains and complaints appear periodically; are aggravated from 9 to 11 A. M.; in hot sultry weather, in the sunshine, in the spring and fall, when touching cold things, mental and physical exertion, from laboring with the hands; from emotions, particularly anger; from

ascending stairs, from exertion of vision, from external pressure (or relief therefrom), during or after eating (or relief therefrom), on the sea coast (or relief therefrom). The patients have an extraordinary longing for fresh air, but are aggravated by remaining long in the open air. Extreme changes of the symptoms in the same person, so that at one time they are the exact opposite of another time. In my experience with no other remedy but Thuja does this occur in the same degree, and which is, like Sepia, a complementary remedy of Natrum-mur.

REPERTORY OF THE BACK.

E. H. WILSEY, M. D., PARKERSBURG, W. VA.

(Continued from July number, page 315.)

SCAPULÆ.

- Aching** beneath lower angles of scapula, *Merc.*
 — between scapula and drawing, *Lyco.*
 — and tension between scapula, *Nux.*
 — and tensive between scapula while lying down and moving, *Sub.*
 — and tensive between scapula and in sacrum, *Calc-ars.*
 — between scapulæ, *Æsculus*, *Ailanth.*
 — and burning along hips and scapula, also along spine, *Carbo-veg.*
 — beneath lower tip of right scapula in P. M. with a bruised feeling, *Calend.*
 — drawing aching pain in left scapula and joints of shoulder, *Ptelia.*
 — in right scapula if he moves, *Cina.*
 — in and pain mostly below scapula, *Calc-phos.*
 — smarting and stinging in post-lateral margins of scapula, generally worse on left side, *Zizia.*
 — under right scapula then between at 11 A. M., *Merc.*
 — under point of left scapula upon lifting arm, *Conval.*
 — under lower angle of right scapula, *Conval.*
Above, painful tension above the right scapula, *Cicuta.*

SCAPULÆ.

Across scapula, a tensive cutting, *Rhus*.

— scapula, a sharp cutting, *Glou*.

— pain across scapula extending down arms, *Ars*.

— pain in right scapula extending across shoulders to clavicle, worse by moving arm or head, better by pressure, *Mag-m*.

— stiff neck, also down between scapula and across shoulders, *Lac-ac*.

— dull boring, sticking in left scapula extending across spine, *Menyan*.

Acromion, pain at acromion process, left scapula, *Aspar*.

Acute pain under left scapula, *Arundo*.

Afternoon, stitches in upper part of left scapula in morning, with burning of skin on same place, *Canth*.

Alternating dull with aching and sharp pain beneath right scapula at its lower or inferior angle, *Bry*.

— pain along inner border of right scapula with heat and chills, alternating and extending to kidneys where there is heat and pain, *Sang*.

Angle, pain going along inner edges of left scapula, extending below inferior angle or through lower half of left side of thorax, *Ran-b*.

Ants, crawling as from ants or going to sleep in scapulæ, *Anac*.

Beaten, right scapula and small of back painful as if beaten, *Arn*.

Bed, pain in right scapula on lying in bed, *Cepa*.

Behind, fine, burning stitches in and behind right scapula, extending toward ribs, *Asaf*.

— right scapula, a pain with a feeling of a plug, at times throbbing as if it had been beaten, *Kreos*.

— left scapula, a pain, *Iris-vers*.

Below, pain intense below lower angle of right scapula through to chest, *Chen-a*.

— burning in skin below top of left shoulder, *Lyco*.

— clucking below left scapula, *Lyco*.

SCAPULÆ.

Below, pain below left scapula, with cough, *Sticta*.

- pain below left scapula, *Aphis*.
- pain, deep seated below point of scapulæ toward left, worse when sitting, especially when riding, *Fluor-ac*.
- drawing pressure below right scapula, now on the back, now on the side, especially sensible while sitting, when arm is held out from body, *Sepia*.
- dull stitches below right scapula, *Zinc*.
- pain below right scapula in evening after exertion, by deep inspiration, and by moving right arm, *Ruta*.
- scapulæ, a gnawing, tearing, shooting pain, *Agari*.
- right scapula, extending around to front of body, a very much inflamed spot about the size of the palm of the hand, painful to touch ; soon after pimples appear in a large group, causing violent burning, *Cist-can*.
- pressive pain in back below scapulæ, *Calc-c*.
- pressive pain in back below left scapula, *Zinc*.
- pressive drawing in spine below and between scapulæ, more violently when moving, especially when turning the body, *Stann*.
- pressive tension in back below right scapula down the back toward axilla, *Zinc*.
- pressure and shooting below left scapula, with sensitiveness when pressing upon it, *Nat-c*.
- pressure in back below scapulæ, *Carduus*, *Lyc*.
- pressure close below scapulæ, *Lyc*.
- pressure, pain below right scapula, better by pressure and lying down, especially on right side, *Ruta*.
- pressure, wandering pain in dorsal muscles below scapulæ, *Brom*.
- pain below right scapula, more toward spine after sitting a long time, *Cepa*.
- pain, as if something were sticking below right scapula, increased at first and disappearing after three hours' sleep, *Ars-hyd*.

SCAPULÆ.

Below, pain below right scapula, extends over a spot as large as the palm of the hand, Ruta.

- stinging below right scapula, Lyssin.
- stitch below left scapula when drawing the scapula inward, not when breathing, Nat-mur.
- frequent stitches for a quarter of an hour below both scapulæ, Phos.
- stitch below left scapula, extending into left chest, Zinc.
- pain below and in region of right scapula, Physos.
- a sudden pain below left scapula, Nat-sul.
- tearing below right scapula, Dig.
- tearing pain on inner side of scapula and below it on bending body back and to the left, Aurum-fol.
- tensive pain in right side of back below scapulæ, especially when lying on left side, Sepia.
- pain below right scapula, when severe it extends to the corresponding part of left side, Ruta.
- pains and aches in and near, between and mostly below shoulder-blades; pulsating, throbbing, jerking, Calc-phos.
- severe muscular twitching below left scapula, Mez.
- dull twitching, shooting just below and beside left scapula, Zinc.

Beneath left scapula, a sticking drawing when sitting, Millef.

- scapula, a bubbling sensation also in back and upper arm, Squilla.
- a bubbling sensation beneath left scapula, Lyco.
- a sticking beneath left scapula in evening, Kali-nit.
- left scapula a burning, Can-sat.
- and near left scapula a dull jerking, Zinc.
- right scapula at night a sticking, Kali-nit.
- left scapula a pressure in back, Zinc.
- right scapula, a pressing tension in back, extending toward axilla, Zinc.
- sticking behind and beneath tip of right scapula, impeding respiration, Clematis.

SCAPULÆ.

Beneath right scapula, a drawing, with pressure, impeding respiration, *Rhus*.

— right scapula, stitches, *Chelid*.

— and between scapulæ, a sticking, *Colchi*.

— right scapula, a sticking, extending to small of back and head, *Lyco*.

— right scapula, a pulsating sticking when sitting, *Sambu*.

— stitches beneath scapulæ which take away the breath and do not permit stooping, *Sul*.

Between scapulæ a drawing aching, *Lyco*.

— scapulæ, a great aching, and under left scapula, extending to left lung, worse on expiration, *Sepia*.

— aching, *Æscul*., *Ailanth*.

— scapulæ and sacrum, a violent ache, *Calc-ars*.

— a dull, boring sticking in left scapula, extending across scapulæ, *Meny*.

— boil between scapulæ, large, *Iod*.

— breath, stitches between scapulæ on drawing a long breath, *Prun-sp*.

— breath, stitches between scapulæ, as with knives, when lying on back, waking her and causing short breath, better by lying on right scapula, *K-nit*.

— breathing, sticking between scapulæ on deep breathing, *Prun-sp*., *Acon*.

— breathing, stitches between scapulæ and fore part of chest impeding, more when stooping than when sitting quietly, *Nit-ac*.

— boring between scapulæ, *Phos-ac*.

— breathing, pain between scapulæ, extending downward, especially on deep breathing, *Meny*.

— scapulæ, a bruised pain when breathing, *Aco*.

— bruised feeling between scapulæ, with burning, *Mag-m*.

— bruised pain between scapulæ, *Amm-m*.

— burning sensation between scapulæ before vomiting, *Rhus*.

— burning and tingling between scapulæ, *Sabad*.

SCAPULÆ.

- Between**, burning, as from hot coals between scapulæ, worse in summer, *Lyc.*
- burning and soreness between scapulæ, Phos-ac.
 - burning between scapulæ, *Glon.*, *Phos.*, Sul.
 - burning and heat in dorsal region mostly between lower half of scapulæ while sitting reading at night, *Helonias*.
 - corrosive burning between shoulders, under the right shoulder joint on the sacrum and on the nates in the evening after lying down, Sul.
 - burning and tearing between spine and right scapula, Zinc.
 - burning cutting between shoulders with burning as if it would be cut through there, Sul-ac.
 - first a pressure between scapulæ, then from there a burning extending to the crest of the ilium, equally while at rest and in motion, also felt when the hand is laid upon it, Sul.
 - chill, as if a piece of ice were lying between scapulæ and followed by a chill with goose-flesh all over, Lachn.
 - chill begins between scapulæ, *Rhus*.
 - chills like streams of cold water running down from between scapulæ to sacral region, Variol.
 - chilliness between scapulæ, *Caps*.
 - pain between scapulæ and on chest, Lach.
 - tension between scapulæ on taking off coat, Nat-c.
 - as if cold wind were blowing on back between scapulæ, Caustic.
 - cold perspiration, skin dry and cool, sensation between scapulæ as if wet with a, Lachnanthes.
 - cold, sensation as of an icy cold hand between scapulæ, *Sepia*.
 - scapulæ, cold sensation as if touched by ice, Agari.
 - coldness between scapulæ, *Nat-c.*, *Viola-tri*.
 - coldness, as from a piece of ice between scapulæ, better by heat, *Puls*.
 - coldness between scapulæ and in back not relieved by feather or wool covering, followed by itching, *Amm-m*.
 - colic, pain between scapulæ, with *Amm-c*.

SCAPULÆ.

- Between** contractive, pain between scapulæ, *Graph.*, *Guaicum*.
 — scapulæ, contractive pain when standing, *China*.
 — constrictive pain between scapulæ, *Merc-cy*.
 — constriction between scapula, *Nux-v*.
 — constriction between scapulæ, hindering motion of arms and respiration, *Thuja*.
 — a pain between scapulæ when coughing, *Stram*.
 — sticking between scapulæ on taking off corset, *Lauroc*.
 — cramp between scapulæ during motion, *Ip*.
 — cramp between scapulæ, with palpitation, *Phos*.
 — cutting between scapulæ, *Hyperi.*, *Meny*.
 — cutting pain between scapulæ while resting, *Calc-c*.
 — cutting pain between scapulæ, passing through to sternum, with sensation of pressure or constriction to chest, in afternoon, *Lac-c*.
 — cutting, violent pain between scapulæ, *Kali-nit*.
 — cutting, between scapulæ, then about last dorsal vertebræ, *Mer-i-fl*.
 — cutting between shoulders with burning as if it would be cut through there, *Sul-ac*.
 — distress between scapulæ, *Phos*.
 — an uneasy dragging between scapulæ in spine, *Naja*.
 — a drawing pressing in spine between scapulæ, worse on motion, *Stann*.
 — scapulæ, a drawing, *Hepar*, *Lyco.*, *Ars.*, *Calc-c.*, *Calend.*, *Guaj.*, *Nat-c.*, *Puls.*, *Thuja*, *Viola-tr.*, *Zinc*.
 — drawing between scapulæ in evening, *Lyco*.
 — drawing downward between scapulæ, *Gratiola*.
 — scapulæ, a drawing pain, necessitating lying down, *Ars*.
 — scapulæ, a drawing pain, *Calc-c.*, *Diosc*.
 — pain between scapulæ, drawing to small of back, *Drosera*.
 — drawing between scapulæ at night during menses, better by bending backward, *Sil*.
 — drawing between scapulæ, compelling him to lie down, *Ars*.
 — drawing between scapulæ and in upper part of chest, *Sepia*.

SCAPULÆ.

- Between**, drawing between scapulæ, tensive at 6 p. m., Kali-nit.
 — drawing and rigidity between scapulæ in open air, extending down as far as the anus in paroxysms, and terminating in a stitch when lying or sitting, Nat-carb.
 — drawing stitches between scapulæ, extending into chest when moving arms, *Camphor*.
 — pain between scapulæ in drunkards and with suppressed menses, *Ars*.
 — eructation, stitches in and between scapulæ, always followed by eructation, Nit-acid.
 — eruption between scapulæ, *Coccul*.
 — fall, a spasmodic sensation between scapulæ when walking, as if he would fall headlong, *Calad*.
-

IN MEMORIAM—DR. WM. PEPPER.

On Friday, July the 29th, at 12 noon, there appeared on the bulletin board of the *Press* office at Seventh and Chestnut streets, Philadelphia, in large letters, this announcement: "Dr. William Pepper died suddenly last night in California." The crowds that surged up and down that thoroughfare soon spread this sad news over the whole city. Could it be true? Was there not some possible mistake: and Philadelphia still could welcome the return of her son, who was not only honored by his fellow-citizens, but whose far-famed reputation was universal? Alas, the notice was only too true! At a later hour the editions of the evening journals gave an account of the last hours of one of the greatest men of the century.

Dr. Pepper's mind power was extraordinary. He not only excelled in his chosen profession, but he was gifted with great powers of persuasion by which he influenced alike the City Councils of Philadelphia and the Legislature of Pennsylvania, the one to the donation of large and valuable tracts of land

in the city, and the other of large sums of money to the one great object, the advancement of the University of Pennsylvania. Wealthy citizens were in like manner induced to open their purses to this same beloved object, and even in commercial life he stirred the citizens to a keener appreciation of their own interests by inducing them to found a free commercial museum where exhibits are shown of the products of all nations.

He was a greater man than any one of his contemporaries. Such men as Leidy and Cope were great men, but their greatness was confined to some one specialty, but Dr. Pepper was great in the versatility of his mind. His wonderful executive ability made him successful in everything he undertook, and his amiable disposition played an important part in contributing to his success.

To every person with whom he talked he showed a marked affability. No matter what that person's station in life might be, Dr. Pepper made him feel that he had a friend who regarded his interests.

He was a natural orator. Before the classes in the college, before legislative committees, in the meetings of numerous societies to which he belonged, and before conventions of citizens assembled for various public-spirited purposes his style was incisive, graceful, persuasive, instructive, and most eloquent.

The result of his energy as Provost was that the University has acquired in land, buildings, and money since 1891, not less than four millions of dollars. From three buildings, the University has expanded to more than thirty buildings, covering an area of fifty-two acres, and the value of all this property has risen from less than half a million dollars to probably ten millions. Its reputation in like proportion has increased from a merely local value to a world-wide celebrity, rivaling Harvard and Yale colleges in distinction.

Dr. Pepper founded the *Medical Times* and was its editor

in 1870 and 1871. He was medical director of the Centennial Exhibition at Philadelphia in 1876. He was the principal founder of the Pennsylvania Museum and School of Industrial Art. He was a member of the College of Physicians of Philadelphia county; of the American Philosophical Society; of the Pathological Society of Philadelphia; of the American Academy of the Natural Sciences, and its President from 1873 to 1876. He was president of the Pan-American Congress in Washington in 1893. He was given the degree of LL. D. by Princeton College in 1888, and was the editor of *The System of Medicine by American Authors*, besides being the author of numerous other medical works.

He founded the Museum of Archæology and Palæontology of the University, which bids fair to become one of the greatest in this country.

Thus his versatility before mentioned is made apparent, and in the language of an editor who was his intimate friend, "His sad and untimely end leaves much that he planned and would have accomplished, incomplete."

He was a born diplomat, a great financier, a distinguished medical man, an accurate and sagacious diagnostician, and a versatile scientific man. There is none to take his place.

Some surprise may be elicited that this journal should give up so much of its space to the obituary notice of a physician who, however distinguished in his career, was nevertheless not a homœopathist, and was generally supposed to be hostile to Homœopathy.

This supposition was, however, erroneous. Dr. Pepper, in the latter years of his life, became impressed with the idea that there was a great underlying truth in Homœopathy. He never advocated it; he never practiced it, yet he insensibly fell into the modes of thought that would suggest a knowledge of Homœopathy.

In his office he has been overheard to advise a patient to cease taking strong medicine and to remain away from him

until the patient's system had sufficiently freed itself from medicinal influence to give him an opportunity to observe its condition unobscured by drug action.

Once, when Dr. Pepper was paying a visit to the editor of this journal, the conversation turned upon Homœopathy. The latter took occasion to regret the antagonistic tone of many of Hahnemann's writings, as tending to repel those who might otherwise read them. To his surprise Dr. Pepper promptly defended Hahnemann, reminding the editor of the severity of the persecutions of the master, and that he had been driven to this antagonistic style by these persecutions.

Twenty years ago Dr. Pepper did write a pamphlet against Homœopathy which aroused the strong indignation of Dr. Lippe. Dr. Lippe replied in another pamphlet in his usual vigorous style. These two pamphlets are unfortunately missing, else they would both now be published in these pages.

In later years Dr. Pepper had experienced a change of opinion concerning this great principle of treatment, as the foregoing anecdote of conversation plainly shows. Indeed, he complained on that occasion that his great difficulty with Homœopathy was the utter contempt for and nullification of its principles by its professed advocates and partisans.

He was so broad-minded that he would willingly have admitted the teaching of Homœopathy into the University of Pennsylvania, had it not been for the opposition of his fellow-practitioners who had not his liberal intelligence and keen penetration of the future.

For this favorable attitude toward Homœopathy, for his liberal desire to establish it in its proper place as a part of a University education we cordially commend to the homœopathic profession the memory of Dr. William Pepper.

H. A. P. J.

BOOK NOTICES.

ALASKA, ITS NEGLECTED PAST; ITS BRILLIANT FUTURE.

By Bushrod Washington James, M. D. Philadelphia.
The Sunshine Publishing Company. 1897.

This interesting book has been before the public for six months. It is the work of our well known professional brother, Dr Bushrod W. James, author of the poem on Alaska's legends, entitled "Alaskana," written after the style of Longfellow's poem, "Hiawatha." This poem was noticed in *THE HOMŒOPATHIC PHYSICIAN* for January, 1893, page 60. The work now under notice is intended to supply the demand for definite information concerning Alaska, now that it has become so attractive to the whole civilized world by reason of the gold fields. The author expects it to be used as a companion by those who are going to those tempting fields of untold wealth. It contains some good charts of the region and many good photographic plates of the land and water scenery of that desolate country.

The author discourages the tendency of the mining population to cross the boundary of the United States territory and enter the country of the British flag when they might be quite as successful by remaining within the borders of the land that claims the Stars and Stripes. The author exclaims: "Why will American citizens risk their lives and their all in prospecting the Klondyke and other streams on British territory, when those waters are really only branches of the grand trunk that belongs within entirely undisputed United States property? Like children trampling beauteous blossoms under foot while reaching for others beyond, so are the miners of the United States when they clamber over the mountains and row through the waters of their own land to reach that of another nation, when if the country through which they travel were searched and prospected as eagerly as they intend to investigate the Klondyke region they will surely find sufficient riches to pay them for stopping under the flag whose protection is theirs by right, and no international entanglements or suits for mining claims would be likely to ensue."

After dwelling upon the "needs of Alaska" from a legislative point of view, the author tells you how to reach Alaska.

It appears that the gold was actually discovered by the Indians, who found the metal in the sands of the creek near Auk glacier, about October, 1880.

The author then gives the narrative of his own trip through this wonderful country; his narrative being fully illustrated, as before stated, with photographic plates.

In the course of his travels the author visits some gold mines. He says: "Think of a gold-bearing quartz vein four hundred feet wide, the Bear's Nest vein one hundred feet wider; or one six hundred feet wide, as the Lorena mine ledge on Admiralty Island! There is a feeling akin to the pride of proprietorship in the hearts of all true-born Americans when we are told that there is sufficient gold in sight to pay the price of the Territory two or three times over."

Descriptions of the scenery of the glaciers, of the birth of an iceberg, and poetical reflections upon the grandeur and the beauty of the prospect are indulged. Then comes a description of Sitka, and then an intensely interesting description of the Fur Seal Islands, with a condensed statement of how the fur is prepared. Descriptions of the Aleutian Islands follow, always in a poetic vein.

Our Alaskan interests are treated and a plea is entered for an alliance between the United States, Russia, Japan, and China for the protection of the seal fisheries and other interests of that region. Then comes a demand for the settlement of the boundary question between the property of the United States and that of Great Britain. The alliance of the United States with Russia, China, and Japan to protect the seal fisheries is again urged, and then there follows an analysis of the seal catch.

The crime of pelagic sealing is exposed in all its horrors, and the iniquity of persisting in it and refusing to accept any modification of this method of sealing or of considering its barbarity is warmly dwelt upon, and the people of the United States appealed to for measures that will effectually stop it. The author enters into a discussion upon international law as affecting the Bering Sea and the attitude in which the United States is placed by the Arbitration Commission selected to settle the seal question. In his estimation the decision of the Commission was flagrantly unjust, and that will be the opinion of all who read the author's learned arguments.

It is impossible, within the limits of this article, to detail all the valuable material in this book. Suffice it to say that it gives a very good idea of the nature of the country, its climate, its animals and plants. What has been discovered in the way of minerals up to the time of publishing the book, at the beginning of this year, is set forth, and so the hardy adventurer who goes to this far-off land will need the book as a help in his wanderings.

NOTES AND NOTICES.

S. G. MACCRACKEN, M. D., has removed from Winnetka to Elgin, Ill. Residence, 279 Douglas Avenue, Spurling Block.



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TO THE PEOPLE OF PENNSYLVANIA.

The Associate Society of the Red Cross of Philadelphia has, during the present war and the distress, in Cuba, which preceded the breaking out of hostilities between our country and Spain, been actively engaged in its humanitarian work of ministering to the necessities of the men in the field and the suffering Cubans. It has sent many articles of comfort, even of life-saving importance to our troops in their various camps, sometimes in response to most touching appeals; the appeal came and the Society was ready. It has besides made a large number of shipments of goods, provisions, clothing, medicines to the Cubans. In all its work it has been nobly upheld, notably by the people of Philadelphia, but also by those of other parts of the State and of New Jersey.

During the blockade and the siege of Santiago, one branch of its ministration was necessarily suspended, but the Society was not idle, stores continued to be received, money to be collected. Among other things the equipment of a field ambulance and hospital service has been undertaken, and already has so far proceeded as to be properly regarded as an accomplished fact, and the Society will be able to put into the field six ambulances, with their proper appurtenances and a properly equipped field hospital.

The fall of Santiago reopens the opportunity of merciful work in Cuba. The Society has already made arrangements to forward several tons of stores, which have been only waiting a chance to be sent, and has appropriated in addition for this shipment, \$1,200. But this is but a drop in the ocean of suffering. More must be done. The Society proposes, therefore, to charter a steamer, to sail from Philadelphia about August 15th, to convey the ambulance corps and equipment to the front and to load the vessel with stores, such as soldiers may need and which the government does not provide, and with clothing, food, and medicine and such other things as may be required by those wretched, suffering people, whom we encouraged to resist Spain and to make a struggle for liberty, and whose suffering has been fearfully and necessarily enhanced by the war upon which we have entered.

The Society, therefore, appeals to what has never been appealed to in vain, to the grand old heart of Pennsylvania, the grand old Commonwealth whose foundations were laid in love to man, irrespective of race, and asks for contributions of goods and money to enable it to carry out its project—to save lives—to relieve suffering—to feed the starving—to clothe the naked. The Society makes this appeal in all confidence. Pennsylvania has never yet failed when called upon in the name of patriotism and humanity. She will not fail now!

**The following is a list of articles most needed
by the Red Cross Society.**

Large and small contributions of money.

Salt pork. Corned beef in barrel. Codfish, hard cured. Mackerel in kits. Smoked beef and hams. Bacon. Canned salmon. Smoked sausage. Indian or corn meal. Flour. Oatmeal. Cracked oats. Wheat in any form. Barley.

Canned vegetables of all kinds.

Canned fruits of all kinds.

Dried fruits, such as apples, prunes, apricots, etc., and dried corn.

Barrels of onions, potatoes, beans, rice, salt, and ship biscuit.

Beef extracts. Bovinine, etc. Soups.

Malted milk. Condensed milk (Eagle brand, or other high grade). Evaporated cream.

Wines. Grape juice. Lime juice. Clam bouillon. Raspberry vinegar. Coffee, tea, cocoa, and general groceries. Jellies, preserves, and jams.

Disinfectants of every description. Quinine pills and general drugs. Ointments. Salves. Phenol sodique. Gauze of all kinds. Absorbent cotton. Surgical antiseptics. General hospital stores. Soaps.

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Clothing, new, suitable for summer wear, made as plainly as possible, for children of 5 years and upwards, and women and men.

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Vol. XVIII.

OCTOBER, 1898.

No. 10.

EDITORIAL.

PULSATILLA PRATENSIS or Pulsatilla Nigricans is the greatest remedy in the materia medica of Homœopathy for the diseases and complaints of women. Its symptoms are characterized by rapid change from one to another, and the same symptom by rapid change from one part of the body to another. Variability of symptom is its characteristic. Dr. Henry N. Guernsey used to say of it that its variability was suggested by its character as a flower, being easily blown in different directions by the slightest current of air, owing to its slender stalk, and hence called the wind-flower. The keynotes given for it by Dr. Guernsey were many, and among the most striking indications of any that are to be found in our materia medica. These indications will be given as soon as the notes of Dr. Lippe upon it are finished.

On account of the striking character of its indications, it is more frequently called to mind in the troubles of women than any other remedy. It is, therefore, more frequently prescribed, though not always indicated when given, and consequently it is much abused. In this respect it calls to mind Aconite.

According to Dr. Lippe, the three great characteristics of Pulsatilla are peevishness, chilliness, and thirstlessness. It has one great characteristic running all through it. This is the tendency to weep. Many drugs have this tendency to weep, but Pula-

tilla exceeds them all. Alumina has the same characteristic. The Pulsatilla patient is gloomy, melancholy, and full of cares. She constantly weeps.

Petroleum has sadness, despondency, and inclination to weep. Silicea, trifles irritate him very much. The Pulsatilla patient has anguish about the heart and desire for suicide. Aconite has anguish about the heart, with palpitation. The Pulsatilla patient has tremulous anguish, as if from approaching death. This is similar to Aconite.

Intellectual labor quickly fatigues the Pulsatilla patient. Calcareo-carbonica has utter impossibility of intellectual labor. Nux-vomica has aversion to mental labor, laziness.

The editor has made quite a collection of symptoms depending on intellectual labor. These were published under "Calcareo-carbonica," in this journal for July, 1897, pages 240 and 241, to which the reader is referred.

The Pulsatilla patient gets diarrhoea from fright. This is similar to Gelsemium and Opium.

The patient gets soreness in one or both temples, as if from subcutaneous ulceration. This is similar to Arnica.

The patient has twitching tearing in the temple on which she lies. This twitching tearing is characteristic of Pulsatilla. Pulsatilla has pain in the head, as if the brain were lacerated, soon after waking.

Lachesis has pain all over the head on waking in the morning.

The headache of Pulsatilla is ameliorated by walking slowly in the open air. This amelioration from walking slowly in the open air is characteristic of Pulsatilla. It is Dr. Guernsey's keynote. Under Rhus-tox., the longer the patient walks the better he feels.

The Pulsatilla patient takes cold from getting the head wet with perspiration.

Belladonna and Silicea, the patient takes cold from uncovering the head.

Belladonna, the patient takes cold from having the hair cut.

Pulsatilla has swelling and redness of eyelids in rheumatic patients.

Pulsatilla has lachrymation in the wind. This is similar to Phos. and Sil.

Pulsatilla has inflammation of the eye, with secretion of thick greenish yellow mucus and agglutination of the eyelids at night. The eyes are sunken. Mercurius has violent inflammation of the eyes.

Fistula lachrymalis, with thick, heavy greenish yellow pus on pressing the tumor. In this connection the reader is referred to the case of fistula lachrymalis related under Silicea in the February number of this journal at page 50.

Calcarea, according to Dr. Lippe, is often indicated in fistula lachrymalis.

Pulsatilla has a sensation of a veil before the eyes, and the patient must continually wipe the eyes. This is a characteristic of Pulsatilla, and is one of Dr. Guernsey's keynotes.

The Pulsatilla patient has ulceration of the external wing of the nose, emitting a watery humor. This is a characteristic of Puls.

Pulsatilla has greenish yellow foetid discharge from the nose.

Nux-vomica has stoppage of the nose during an attack of coryza.

Pulsatilla has stoppage of nose in warm room and free, open nostrils in the open air. Nux-vomica has coryza, with stoppage of the nose and dryness, in the warm room, and watery discharge in the open air.

All Pulsatilla discharges are thick and greenish yellow.

Pulsatilla has bleeding of the nose with suppressed menses.

Pulsatilla has alternate redness and paleness of the face. It generally has redness of the right cheek. It also has heat of the right hand.

Chamomilla has one red cheek and the other one pale.

Lachesis has one cheek red and the other pale.

Ferrum has red cheeks with paleness of rest of face.

Moschus has redness of right cheek without apparent heat, and paleness of left cheek with heat.

Bryonia has round red spot on one cheek.

SURGERY, MEDICINE, AND A LITTLE LOGIC.*

B. FINCKE, M. D., BROOKLYN, N. Y.

The late celebrated surgeon, Bilbroth, declared that medicine must become more and more surgical. He is no more. It is not known that he died from a surgical operation, so he must have died of some disease which was not amenable to surgery. He was then in the prime of his life, and therefore serves as a warning example against his own dictum, for if there had been any operation in surgery to help him it should have saved him. But he died in spite of the eminent surgical attainments of which he was a shining light, and was a victim to that conception of medicine which was not surgical enough. If his case was not a surgical one it would point to a deficiency in the internal medical treatment which was not medicinal—*i. e.*, not healing enough. His prediction, however, has been verified in the few years following, since medicine indeed has been made more and more surgical, so that nowadays surgeons are not afraid to cut for any ailment flesh is heir to. Armed with their anæsthetics, antiseptics, and disinfectants, they are not appalled by any ever so serious inroad into the organism. If the operation succeeds, there is no end of praise. If not, nobody finds fault with the operator. Their great point is the pathological diagnosis. Whether it be correct or not, is of no account, because at any rate the knife will reveal the truth. If it is erroneous, the wounds inflicted are soon healed up under their skillful hands, and nobody is the wiser. The practice of surgery is more lucrative than that of medicine. It has the appearance of bringing the ailment to a prompt termination, but the time following the operation is not counted to be as tedious as it would have been deemed if under homœopathic treatment. The people would rather submit to a daring operation than to trust a careful and no less skillful management of the medical man. Mistakes are fre-

* Read before the Brooklyn Hahnemannian Union, January, 1897.

quently made, but reputation and professional connections protect those who make them. Operations are made without any hope of recovery, cutting short any chances which may be offered by medicinal treatment of the right sort. The public is kept in ignorance and browbeaten by the assumed wisdom of the surgeon eager to operate. The patients are carried to the hospitals and laid on the operating table without knowing what is to become of them. Relatives interested in the success of the operation are kept out to prevent their interfering with the surgeons, and are apprised of the condition of the patient only when they have to carry him out again dead. The surgeons have acquired this great power over the public, which admires them as much as it fears them, and find their stronghold mainly in the sanitary department, which curtails the rights of the medical men more and more, by viewing disease as having a material origin and requiring material remedies—among them compulsory measures. There is no remedy for this, because these men have the ear of the political and social powers in the communities, using their legislative, judiciary, and executive organs for their self-interests. Statistics, properly managed, is the powerful weapon with which to make the people do their bidding. Falsifying the records is common practice. Like that great political thief who stole millions from the commonwealth by his corrupt practices, they ask sneeringly, "What are you going to do about it?" It is almost impossible to kill that boisterous allœopathic Goliath, and yet the Hahnemannian with his little pebble will be the David to slay him in time, if the disciples of the great reformer of medicine do not swerve from his doctrine in its entirety, and do not compromise with the enemy of the healing art and science.

The great danger for medicine from surgery comes from its arrogance, which teaches them to consider every medical case as belonging to their peculiar domain. In Hahnemann's time surgery was still in its infancy, and yet in his *Organon*, § 186, he limits surgery wisely to the removal of the external impediments to the healing to be expected from the life-force alone. If, in addition, he deems it proper, as among the justifiable measures of surgery, to open a cavity of the body in order to take out a

molesting substance, or to procure an exit for extravasated or accumulated fluids, he is not on that account to be hailed as the father of laparotomy and the numerous operations nowadays executed under that name. For the Cæsarian section traces its history to the Dark Ages of the ancients, and laparotomy dates from the sixteenth century. The construction of the surgical paragraph in *The Organon* shows Hahnemann by no means in the light of a Billroth, as has been intimated by one of our young surgeons, but limits it to the cases where the life-force, assisted by proper homœopathic medication, cannot overcome the conditions of disease, and needs the wisely-conducted hand of the surgeon to save the organism from destruction. But it should never be applied before this necessity arises, and an operation should never be performed which severs the life-thread without gaining another end than the success of the operation producing a surgical death. There is a necessary antagonism between the surgeon and physician which is most difficult to reconcile in the medical man who is expected to be both. While medicine tries to preserve the organism and its parts by remedies, which should be so prepared that they could never jeopardize the life of the individual, and bring about the health of the patient with the least expenditure of force, the surgeon must sacrifice parts of the organism by mechanical force, which, indeed always should be also the least possible, but must always be a more or less dangerous proceeding, as it severs the continuity of the constituents of the organism, and causes loss of blood and strength by forcible means. It stands, therefore, to reason that no operation should be performed as long as there is a chance for the organism to recover under proper homœopathic treatment, with remedies standing, in their action, on the same plane as the life-force, and in this respect similar. Since Hahnemann's invention of the method of preparing medicines by potentiation, the armamentarium of the physician has been enriched with more powerful means for healing than ever before have been known. It is, therefore, a sacred duty for the surgeon, as well as for the physician, to make himself familiar with this subject in order to let his patients have the benefit of it.

Tumors, large and small, in and outside of the body, have been removed by the use of high potencies, effusions in cavities have been discharged under their influence, through the legitimate channels of the system. Abscesses of all kinds opened spontaneously and healed up without using the knife, through their instrumentality. Blood-poisoning and septicæmia have been prevented in the same manner, and some of our best men who have wounded themselves in operating, and given poison access to their systems, have been saved by Homœopathy, whilst others had to succumb under the insufficiency of surgical allœopathy, not knowing of the powerful Hahnemannian aid. Poisoning by the bite of venomous snakes has been cured by the homœopathic high potency as well as the dreadful and mysterious hydrophobia. These are all matters of record, and well known to the Hahnemannian branch of the homœopathic world.

If it is not considered a crime to operate without sufficient cause in the sense acknowledged by the laws of the commonwealth, it is a crime nevertheless in the sense of science and humanity, which, if it goes unpunished in this world, still waits for its unfailing judge in the one beyond.

The highest authority in the organism, in the mind of the physico-chemical school of the present day, is the blood, to which their efforts of curing are mainly directed. The nervous system is only appealed to for benumbing or extinguishing pain by palliatives and anæsthetics. This school will have to discover again the, by her, despised life-force, without which no organism is to be thought of; that great authority which holds all the organs and their functions in the body in control, by directing the system of the highest dignity in the organism, viz.: the brain and the nervous system attached to it, in an intelligent manner, as yet little understood by even the wisest of this generation. In any injury by accident this ever-present authority is only vaguely acknowledged by estimating the shock which it may exert upon it. Hahnemann had a clear perception on that point when in his *Chronic Diseases* I, p. 43, he says: "If the small-pox or cow-pox catches it is done in the moment when, by the inoculation of the same, the morbid fluid in the bloody

scratch comes in contact with the nerve lying open, which then, in the same moment, communicates the disease dynamically and irrevocably to the life-force (the whole nervous system)." In like manner "the infection with miasms of the acute as well as of the chronic diseases happens, no doubt, in one single moment —*i. e.*, in the one favorable to the infection." To this should be added the bites of venomous and rabid animals. The impression made upon the sensitive nerve precedes the blood-poisoning, as the symptoms denoting the change of the system require more or less time to develop. The symptoms show the reaction of the life-force upon the intoxication, and reaction follows action in time.

Let us here stop a moment to express our admiration of the wisdom of our master who pronounced this great truth, which, after the lapse of seventy years, condemns the lately broached doctrine that all diseases start from bacteria, microbes, bacilli, cocci, etc., and leads to remedial measures which sacrifice still more lives than have been victimized before. Who can help acknowledging the truth of Hahnemann's observation when looking at the phenomena of natural and accidental pathogenesis by infection, incision, and inoculation? Take, for example, that mysterious disease called, not quite properly, hydrophobia, viz.: Lyssa. No hydrophobic bacterium has so far been detected, and none probably will be. Even if it should it would no more confirm the origin of this disease by the parasite than the origin of vaccinal disease after inoculation. Even the most advanced methods of chemistry combined with microscopy, to which spectroscopy and photography must be added, cannot detect the least deleterious thing in the saliva of the mad dog. The blood is not changed characteristically by it, but all the symptoms point to a severe affection of the nervous system, through which the life-force reacts upon the organs, presenting the peculiar symptoms in order to ward off the danger of destruction. No sedative will ever do any good in such a state. It will only turn the narcosis into its opposite and render the case more formidable and incurable. Nor will the local application of cauterization and burning be of any account. Only the homœopathic remedy

will be useful, as we know from Hahnemann, and from Boëninghausen's well authenticated case which he cured with a dose of *Hyoscyamus-niger*, 12th cent. potency. Could such a fine dose, which borders on infinitesimality, have acted chemically? The physico-chemical school asserts that blood-poisoning had taken place and hence must be met by remedies which enter into the circulation immediately—*i. e.*, by inoculation. They forget the primary injury which they inflict on the nerve "lying open" in their operation. If there were any curative action, which is doubtful in most cases, it could only be by an infinitesimal of the nosode touching the wounded nerve, thus communicating the homœopathic healing impulse to the life-force (the whole nervous system), and in its action healing by equalization of the disturbed state of the life-force. Nothing is introduced directly into the circulation of the blood in that beautiful method of healing hydrophobia by steam or the vapor bath; nor in the dry method of producing profuse perspiration by submitting the body to the heat of an alcohol lamp in the closed cabinet; nor by the primitive method of confining the patient in feather beds till he ceases to struggle, when he is found, on freeing him, to be cured by the profuse perspiration excited. We have the extensive provings of *Lyssin* collected by Dr. Hering for forty years, prepared from the crude saliva on the Hahnemannian plan and taken by the mouth. Though not inserted into the skin by inoculation, the symptoms obtained were so characteristic of hydrophobia that they point directly to action upon the nervous system. This effect could only be produced by means of the process of potentiation, by which the nosode is so modified as to preclude any chemical or toxical effect.

Dr. Galtier injected the saliva of a mad dog into the veins of ten sheep, and they all remained perfectly well. At the same time he placed the saliva of the same dog in contact with the nerves of ten other sheep, and they all died, with every symptom of rabies. After injecting the virus of rabies into the veins of sheep, however, they were found to be immune against rabies on subsequent experiments. This proves that the disease is produced by the contact of the virus with the nerves, and not by

the direct introduction into the circulation. If in the latter case it makes the animal immune, it is owing to the contact with the nerve exposed in the inoculation. The *modus operandi* in bites of venomous reptiles is similar, and hence they are also amenable to cure by homœopathic potencies, as in Thorer's case of a viper-bite cured by a few pellets of Lachesis, 30th cent. These facts being familiar to the homœopathician, entitle him to treat such cases, presenting more or less fatal symptoms, according to the strict homœopathic method, using only such simple surgical means as the dressing of the wound requires, but not otherwise meddling with it locally. But the present time does not afford to the homœopathician the opportunity to treat such cases, which at once rouse a panic with the relatives of the patient and their physicians. The wound is generally cauterized in the old manner, and narcotics are given; or the patient is carried at once to the Pasteur Institute. Similarly, it is the case with certain contagious diseases, and other diseases thought to be contagious. The tendency is to carry the patients out of the family into the hospital; to isolate them and subject them to the routine practice presently accepted in the surgical and allopathic schools. Of course, the patient and his relatives will have to be content with what is done with them.

Dante's inscription on the entrance into the Inferno is sometimes applicable to the gates of the hospital. A patient is carried to the hospital with the reluctant consent of the relatives, who are assured that there is no help but the operation for—*e. g.*, appendicitis. The relatives are told by the surgeon that he is able to cure the case, and, at any rate, the best for it will be done that is possible to do. The relatives are confident and submit. After a few days they want to see the patient and hear how he is getting on. But they are refused permission to see him, and sent away with the consolation that everything is done for him and he is all right. After a few more days the relatives become anxious, but they are not allowed admittance. A few days later they are requested to remove the corpse from the hospital. This does not happen in a small, out-of-the-way place, but in a big hospital with a great name. No wonder

that the common people get shy of these beneficent institutions.

Appendicitis claims more victims than necessary, on account of the preconceived opinion that it is a surgical disease, and of the incapacity of surgery to treat it medically. The apprehension that this disease may turn out fatally if not attended to, causes the urgent recommendation of early operation. If there is nothing found to justify the apprehension, operation is of no great importance. The surgeon cuts down for all that, and sews up the wound again. Since this curious attachment to the big bowel is considered an unnecessary freak of nature, constituting, in the mind of the surgeon, a useless remnant of the evolution of man from the monkey and lower animals, he thinks nothing of cutting it out. The patient need not know anything about it. Nay, some enthusiasts excise the appendix where there is no cause for alarm and the individual is in perfect health, as a precautionary measure, in order to prevent him from falling a prey to the dangerous thing in the future. It is said that a surgeon, for this reason, cut out the appendixes of all his children.

How lax the reasoning of the surgeon sometimes may be is shown in a recent case. A young lady fell on the stoop going up to her house, and was laid up with a pain in the abdomen, distention from flatulency, great tenderness of the integuments, and rise of temperature and pulse. Her doctor was afraid of appendicitis, and saying so, advised to send for an expert in such matters. He came and examined the case and agreed with the doctor that it might be so. It would be safest to carry the patient immediately to the hospital for an operation. But the father objected and said he would rather have his daughter die from the disease in the house than submit her to an operation in a hospital. Then the surgeon withdrew his advice, ordered an inunction of the right iliac region with Iodine, and went away. The homœopathician was now called in who had treated the patient formerly. He could not find any trace of appendicitis, and treated her *lege artis homœopathicae* with good results. About a week after the two doctors saw the patient again and—*mirabile dictu*—gave the homœopathician credit for having cured the

appendicitis, which certainly was also to their credit. This admonition of early operating must work a great deal of mischief, not only in this special affection, but also in others. Having no means to combat it medically, these surgeons do indeed the best they think of, though in point of fact it amounts to the worst; but, on the other hand, the avoidance of the operation, be it ever so successful, is of the greatest benefit to the patient, because it is really the best that could have been done, if the operation was not necessary.

The surgical bias is much to be deplored, because it prevents many cures in cases where operation promises no more certainty of a beneficial result than the medical—*i. e.*, homœopathic treatment. What has been predicated applies equally to other diseases, where the surgeons feel justified in interfering as long as they see a chance of success. This success must, however, always be doubtful when good results can only be reached in the non-surgical way. This bias is brought about and followed by their fallacious reasoning upon the appearances in operations during lifetime and *post-mortem* examinations. The pathological processes which present only the signs of disintegration of the tissues during the time of their elimination, shown by the decay and foul odors, are for them the indications of the severity of the disease, for which there is no help other than removal of the diseased part by the knife. But they do not understand that these processes are instituted by nature as remedial measures. The organism itself, in its wonderful construction, has enormous power and many auxiliaries for overcoming the inroads of miasms and violent lesions of its system, which, if aided by judicious homœopathic treatment, often recovers, to the surprise even of the physician familiar with the beautiful workings of nature. For nature—the life-force—must accomplish the cure. The surgeon, if necessary and successful, can only remove the impediments which the disease opposes to healing, but cannot cure.

The stricture of Dr. William P. Wesselhœft upon a paper presented to the International Hahnemannian Association at its last meeting by the Chairman of the Surgical Bureau, who

counsels to "evacuate pus wherever it can be located, whether beneath the periosteum or in the chest, or in the abdomen or in the axilla" (*Proceedings I. H. A.*, 1896, p. 277), is well worth repeating: "We do not go for pus with a knife wherever we find it as Hahnemannians. We do not look upon pus as damnation or sure death if it is not evacuated. Many repeated experiences of others, as well as my own, have shown me that even large quantities of pus can be absorbed and are absorbed without the slightest danger to the patient."

In the admonitions of the surgeons to operate as early as possible is revealed a want of confidence in themselves, as they know they are not able to heal the disease while there is time, by medication on homœopathic principles. It is certainly impossible at that early time to diagnose the affection of the appendix depending upon the impaction of foreign material, and it would be inadmissible to presuppose this in every case and find only the surgical interference indicated. Clearly, at that time nothing else is indicated than the administration of the homœopathic remedy, and experience proves that many cases in this stage are actually healed. If, in the event of the case going on to suppuration, the operation is dictatorially demanded, because the organ is then in a decayed condition, even then it is doubtful whether nature has not means to prevent the fatal effects expected by the surgeon, under judicious Hahnemannian management, because such cases have also been reported cured.

There is another alleged source of diseases which of late years has taken hold of the surgical mind; the poisoning powers of the ptomaines, or substances which originate in the organism itself and produce diseases of their own. They are not amenable to surgery, and have to be met by appropriate medicine, as, *e. g.*, the typhoid condition of the system, depending apparently upon the degeneration of the Peyer's glands.

The new branch of surgery called orificial surgery pretends to cure remote symptoms of disease by operation upon the orifices of the body, which are deemed to be connected with the organs affected by the nerves, and a cure is attempted and excused by reflex action. Clearly, this is not homœopathic but allœopathic

doctrine, which we have learned to fear in the treatment of the sick.

The greatest danger, of course, does not come from the surgeons of the highest rank, who know perfectly well what they are about, but from the beginners who are encouraged by the cry of their teachers : Operate ! operate ! and hence are apt to follow their advice. They do not care for medication in such cases, and much less for homœopathic medication, of which they know nothing. They are ambitious and want to make their mark by carving their way into the favor of the public with a scalpel. But "it costs lots of life to make a surgeon" (*Trans. Am. Inst.*, 1896, p. 383).

How essential for rational action in medicine is *correct thinking on the part of the physician*. How baleful are the consequences of introducing errors and fallacies into the practice—errors which must multiply with the daily needs of the suffering people. The above-quoted sentence of Hahnemann regarding the communication of disease, if carried out in strictness, would save a world of misery, not only to the patients, but also to the physicians themselves. Such errors as are committed in the neglect of the observations of wise men, come home to roost, and the physicians guilty of it have to deplore their losses and pains frequently in their own families and upon themselves. How do they torture their own children with their crude measures, though their own heart must bleed when they see how little they avail against their own ardent desire to help them !

How many breasts are sacrificed to the mania for operating upon any tumor or induration of the mammary gland ! To take out one or the other breast is as nothing, and nobody questions the consequences. Most of these affections are amenable to internal medicinal treatment, and there is always the chance left that if those glands are not removed, they at least do not increase and incommode the patients so as to shorten their lives. Even the incurable cases have been benefited by homœopathic treatment, in rendering the pains less, and producing the only comfort possible when surgery is entirely out of question.

How many ovaries are excised which did not call for surgical interference at all, and are accessible to successful homœopathic treatment! The unsexing of women who want to shirk their matrimonial duty to bear children burdens them and the surgeons with a crime for which there is no excuse in the law-book of humanity. There would be more sense in unsexing the brutes who ruin a poor girl and afterward deny her reparation and a decent life. The Lothario goes free and his victim lives in shame, and often dies in misery.

Healthy eyes have been taken out for fear the morbid eye just enucleated might carry the affliction for which it was done to the sound eye. Oh, what barbarities are committed in the name of science which all these scientific men adore!

And yet it seems that those advocates of surgery in the most extended sense, and of material medication with the maximum dose which the system is calculated to bear, might be induced to mend their ways somewhat by applying a little logic to their practice. They see the material, visible part of the organism, but neglect the immaterial, invisible force which directs the physiological processes in the living body. They deny and ridicule the idea of a life-force such as Hahnemann conceived, which alone explains the action of medicines and teaches how to prepare and administer them. Though they bow down before the *vis medicatrix naturæ*, they do not see that thereby, unknowingly, they acknowledge the life-forces under another name, sanctified by age and authority. They should trust it a great deal more and learn to assist it by suitable medicines, such as Hahnemann has taught us to prepare—medicines which, escaping the coarse action of crude drugs, are elevated into healing forces coming from the great sources of all power in nature. Though all the virulent and inert substances in existence, on the earth and its surroundings, enter into the composition of the organism, it moves and lives in perfect harmony as the proper instrument for our rational spirit (*Organon*, § 9). Why, then, should not the life-force be capable of throwing the dangerous constituents back into their proper relation, when assisted by the well-adapted homœopathic medicine, corresponding in

similarity with the nature of the life-force, in more or less high potency?

This the homœopathic surgeon at least should remember, and he should not cease to perfect himself as much in the practice of true homœopathics as in the skill of an operator, the proficiency in both of which, then, will make him a perfect physician.

Ceterum censeo macrodosiam esse delendam.

THE TREATMENT OF THE UMBILICAL CORD.

Paul Bar (*Journal des Praticien*) asks these questions :

1. Should the cord be tied? 2. When should it be tied? 3. How should it be tied? and answers them as follows :

1. The cord should be tied because, although the probabilities of umbilical hemorrhage are very small, a certain proportion of mischances exist, and these should be guarded against. 2. In some cases not a moment's delay is admissible, as, for instance, when the head is born and the shoulders are engaging the perineum, while one or more turns of the cord are around the neck. The cord should then be clamped by two forceps and divided between them. It can be cut and tied in the proper place at leisure. Or, a child is born apparently dead. The cord should then be divided immediately so as to afford opportunity for paying the necessary attention to attempts at restoration. But if everything has been normal a delay of five or six minutes is recommended. If the cord is immediately cut, there will be seen oozing from the placental extremity a certain quantity of blood, which would have passed into the child. If this blood be allowed to drip upon the pan of a balance, the pan will be found to sink for five minutes or so from the weight of this lost blood of which the child has been robbed, and this amount averages from about nine hundred to thirteen hundred and fifty grains. 3. The author's method of compressing the cord is by means of forcible pressure forceps, sterilized by heat. The forceps is then surrounded by a pad of absorbent cotton and left for from thirty-six to forty-eight hours underneath the binder.—*N. Y. Med. Jour.*

VACCINATION IN THE LIGHT OF THE ROYAL BRITISH COMMISSION.

M. R. LEVERSON, M. D., FORT HAMILTON, L. I., N. Y.

(Continued from page 344.)

When we reflect that it is precisely this "glycerinated lymph" which the British Local Government Board is now (June, 1898) trying to get Parliament to force upon the people of Great Britain by a bill introduced by the President of the Board (Mr. Chaplin), and which passed its second reading in the House of Commons on May 9th, what criticism should be passed upon such conduct? The contention of the Local Government Board, made on June 11th, 1890, by their mouthpiece, Lord Herschel, the Chairman of the Commission, was (Q. 9,798) that vaccination with this glycerinated lymph "was not vaccination proper, in our sense of the term, because it was not simply the insertion of vaccine matter, as there were foreign matters used, while the German Commission's suggestion is that it was in those foreign matters that the mischief existed."

At Q. 9,835 Mr. Tebb takes up the disaster to forty children at Villefranche-D'Aveyron. This was communicated to a public meeting held at Leicester on March 23d, 1885, in a letter from Dr. Charles Pigeon, of Forchambault. Of forty children there vaccinated nine died within forty-eight hours. This case is remarkable for the direct and positive falsehood by the Mayor of Villefranche (one Andrieux), who, in reply to Mr. Tebb's inquiry, wrote to him on April 16th, 1885, absolutely denying that anything of the kind had taken place, and that the entire story is "nothing but a culpable invention of the reporters." Mr. Tebb also showed that up to May 1st, 1885, in response to an inquiry in Parliament by Mr. C. H. Hopwood, the British government professed to be ignorant of the calamity. The whole story came out afterwards in an official report (Q. 9,840).

Q. 9,844. "On March 13th, 1885, Dr. Andrieux, of Asprierès, vaccinated forty-two infants. All were attacked with fever, and

on the following day six were dead. Their bodies were covered with black patches."

In the history of the cases and of the sources of the vaccine, it is to be observed that some of the children vaccinated with material from the child from whom the chief vaccinifer was vaccinated did not suffer at all. In the case of this vaccinifer (the child Clapier), the disease ran a more rapid course than usual, as it did also in the case of another child (Bessons) vaccinated at the same time; otherwise neither the vaccinifer nor Bessons suffered. Even the children vaccinated from Clapier who recovered suffered severely, and, as among other things, they suffered from impetigo, it is fairly to be questioned whether they have not been rendered liable to cutaneous disorders for the rest of their lives.

At Qs. 9,856 to 9,860 Professor Michael Foster harks back to the Rütgen disaster to try and blame the glycerine (which the British Local Government Board now desires to make general in England) instead of the vaccine poison; but Mr. Tebb answers: "My point in all these cases is, What satisfaction can any explanation afford to the afflicted victims? If children are injured, or suffer for life, or are killed, what satisfaction can it be to have it shown that the misadventure is due to diluted or to spurious vaccine, or to vaccination where there is an epidemic of disease, or vaccine from one institute or another, or the carelessness of the operator? My contention is that these explanations are all extremely unsatisfactory from a public point of view, and (Qs. 9,864-6) the Commissioners entirely acquit the physicians."

On June 18th, 1890, Mr. Tebb resumed his testimony.

Q. 9,954 proposes to deal with the Denkschrift or memorandum of the Board of Health of Berlin presented by the German Government to the Imperial Vaccination Commission of 1884.

Q. 9,955. Sets out a letter to Prince Bismarck from the London Society for the Abolition of Compulsory Vaccination, in which, after reciting the various contentions of Jenner, the society asks that the Commission be directed to define the proper virus

commencing with Jenner's horse-pox—cow-pox, proceeding to cow-pox and then to horse-pox, and lastly to small-pox—cow-pox; and consider how these various forms of virus are affected by transmissions from child to child and animal to animal; and how the advocates of each of these varieties of virus attest their efficacy against small-pox.

Q. 9,557. The Lebus disaster is reported in the Appendix to the official report of the German Vaccination Commission of 1884. Also there appears a memorandum dated Berlin, March 28th, 1885, "At the time when the vaccination law was promulgated the opinion prevailed generally that the dangers connected with vaccination to the life and health of the patient were unimportant or rather, did not exist at all. Thus in No. 4 of the final conclusions of the opinion drawn up by the Royal Russian Scientific Deputation for medical affairs dated February 28th, 1872, which document formed the principal basis for the projected law, "That there existed no warranted fact in favor of a deleterious influence of vaccination upon the health." It was, however, seen subsequently that this thesis could not be upheld. In fact, very serious damage by vaccination has occurred anything but rarely, both before and after the promulgation of the vaccination laws. . . . Up to the year 1880 fifty cases have become known in which syphilis inoculated with the vaccine caused illness to about 750 persons (Lotz on *Small-pox and Vaccination*, 1880, p. 13)."

Q. 9,958-60. This is given by the Berlin Board of Health. It is a memorandum prepared in the office of the Berlin Board of Health. It appears as an Appendix to the report of the German Commission, p. 359, No. 287. [The Berlin Board of Health adopt the statements quoted from Lotz as full authority. —M. R. L.]

Q. 9,961. Continuing to quote, Mr. Tebb reads from this report of the German Commission, p. 359, No. 287: "A few separate cases of vaccine syphilis may, perhaps, be looked upon as being uncertain; but, on the other hand, others were not made publicly known, so that the figures quoted above are likely to be less than the number of cases that happened in reality.

Still greater dangers than those connected with vaccine syphilis are threatened by vaccine erysipelas, which, as is now generally admitted, are far from uncommon. . . . A number of cases of general illness taking place *en masse* have been registered which happened immediately after vaccination, and in accordance with the latest experience, derived from the etiology of erysipelas, admit of no other explanation beyond their having been caused by vaccination direct." "Other diseases, also, have been transmitted by vaccination, or, at least, the possibility of such transmission must be admitted." Thus it is possible that septic processes of disease, belonging to the class of wound infection diseases, can be caused by vaccination, as is proved by the fact of the inoculated persons at Grubuist falling ill *en masse*. Some observations made on the origin of sores and inflammations of the lower cellular tissues of the skin after vaccination must also be included in this class. The transmission of tuberculosis and scrofula by vaccination are then referred to as not capable of being contested, though probably not possible of positive proof, because "the first symptoms of these diseases occur too late after infection to admit of an incontestible connection between infection and visible disease being ascertained." The report then says: "In view of these experiences it is impossible any longer to represent vaccination as was done at the time the vaccination law was under discussion, as being absolutely free from danger to the health of the vaccinated person." The report further states: "In the first place, vaccine syphilis will always have to be feared, which forms also the principal arm in the hands of the opponents to vaccination. It has certainly been stated that all cases of vaccine syphilis can be traced back to the negligence of the vaccinating surgeons, and that under due observance of all precautionary measures, vaccine syphilis can be avoided." This is shown to be erroneous, and the report then gives the case at Lebus, in 1876, of vaccine syphilis in fifteen revaccinated school girls. "The lymph had been taken from a child seven months old, which at the time of vaccination appeared to be perfectly healthy, and *was found to be healthy on the occasion of various examinations made later on*. . . . On the occasion of a judicial

examination the mother was found to be free from syphilis.”* In 1879 the Petitioners’ Commission of the Reichstag “proposed that inquiries should be instituted as to the present extension of infantile syphilis.”

Q. 9,963. Mr. Tebb’s next point was with regard to five cases of vaccinal syphilis in the Department de l’Oise, France, reported August 6th, 1889, before the Academy of Medicine. Communicated by M. Hervieux. “David Marie Chapins, aged thirty-two years, living at 105 Rue de Sevres, presented herself, July 27th, 1889, at the Hospital of St. Louis, with her child, born November 28th, 1888, and therefore aged eight months. Of good constitution; never ill. Vaccinated at the Academy the 11th of last May by five punctures on each arm. He had five vesicles on one side, four on the other, which developed normally and are perfectly healed. Brought back after eight days that the certificate might be obtained, this child was utilized for the collection of vaccine; some tubes and some glasses were charged. A month later one of the vesicles, that from which the vaccine had been taken, broke, and it presents now, under the form of an erosion, slightly swollen, a gray or red surface, with red-colored surroundings, inflamed by rubbing (the child’s arm had not been dressed), the base like parchment, with corresponding axillary ganglion. In the neighborhood four or five papula, clearly specific. Rash scattered over the body. Syphilides on the soles of the feet and palms of the hands appeared in erythematous form. Nothing at the mouth. One dry papule under the scrotum.” Two days later another similar case, both diagnosed by himself and Dr. Fournier as syphilis vaccinale, both children otherwise in excellent health. In the case of young children acquired syphilis is seldom as serious as hereditary syphilis. “The erosion on the shoulder of each child was transformed to

* That is to say, syphilis developed in the vaccinees, although the vaccinifer was wholly free from the infection. In the cases of these unhappy school girls, for some cause or other, the cow-pox or horse-pox, which doubtless served as the original source of inoculating material, *reverted* to its original malignancy. It was a case of simple atavism, whereof biology furnishes so many instances, and what the original character of cow-pox is was shown in the pathological table, *supra*, pp. 241-244.

a thick yellow crust." Dr. Weill offered to assist M. Hervieux in the painful task of investigation. They found the vaccinifers in excellent health. The more robust of the two, a boy, has never been ill. The mothers were examined by M. Fournier and M. Weill and found to be "*irreproachable*." The vaccinifers were produced before the Academy. Their investigation led to the discovery of other cases of vaccinal syphilis. One case, a boy of five months, vaccinated at the Academy May 11th last, "ulceration of a bright red under one of the arms, erythematous syphilides on the trunk, level with the vaccination scars on the limbs, on the genitals, and the soles of the feet." Another case was a girl of two and one-half years. "Specific ulceration of the upper part of the left arm, erythematous spots on the trunk and in the region of the anus." Another case is a child of four months, presenting two specific ulcerations on the shoulder and dry, scattered erythemateuse. Also two who have died since the vaccination of May 11th. One was a pale, puny child from birth, but no trace of specific disease; the other was carried off by diarrhœa and convulsions. "Out of fifty-three children vaccinated May 11th, 1889, there have been five children rendered syphilitic; two have died of diarrhœa and convulsions, but not syphilitic; six children whose parents have given a false address; thirty-nine children visited and proved free from any ill effects, and one sent out to nurse reported in good health." And the commission concludes from the facts that "M. Hervieux has had the misfortune to come upon a child in a state of latent syphilis!" "It is a danger which is, and always will be, impossible to avoid," and goes on to recommend animal vaccine. He also mentions eleven previous cases of vaccinal syphilis in 1865, and concludes, "It is too much! We see human vaccine has demonstrated what it is; let us not give it time to realize a third catastrophe."

[As to what animal vaccine is, see pathological table in THE HOMŒOPATHIC PHYSICIAN for June, 1898, Vol. XVIII, pp. 241-244.]

REPERTORY OF THE BACK.

E. H. WILSEY, M. D., PARKERSBURG, W. VA.

(Continued from September number, page 413.)

SCAPULÆ.

- Between**, gnawing between scapulæ, Alum, Nat-carb.
— heat between scapulæ and sternum, Arg-nit.
— heat between scapulæ, *Phos*.
— ice, as if a piece of ice were lying on back between scapulæ, and followed by a chill with goose-flesh all over, Lachnan.
— itching on and between scapulæ, Alumina.
— itching between scapulæ in evening with much eruption, Zinc.
— itching and tickling stitches between scapulæ, Arg-m.
— itching and pain between scapulæ, Gambog.
— jerking, pressing between scapulæ, extending through to epigastrium while sitting, *Bry*.
— jerking from posterior walls of chest to between scapulæ synchronous with the heart beat and anxiety, Calc-ac.
— jerking pain between scapulæ and in region of left pelvis during rest with painful jerking on moving, Sul.
— lancinating pain between scapulæ, Agari.
— lancinating between scapulæ, in shoulders and along spine to sacrum, worse by straightening himself, Ginseng.
— lancinating pain between scapulæ so that he had to bend forward while walking, Colocy.
— lancinating pain between scapulæ with oppression and anguish on chest almost solely while sitting, so that he must rise and walk, Kali-c.
— load, feeling as if a heavy load was hanging on back between scapulæ, Carbo-s.
— menses, pain between scapulæ with suppressed menses, *Ars*.
— mornings, pain between scapulæ mornings on awaking, *Æthusa*.
— mornings, pain between scapulæ mornings, Podo.

SCAPULÆ.

- Between**, moving, tensive pain between scapulæ when lying down or moving, Sul.
- neuralgic pain between scapulæ and in neck, Tabac.
 - pain between scapulæ and in neck, *Eupat-perf.*
 - pain between scapulæ, Amm-c., Canth., Calc-phos., Cup., Curare, Fer., Hepar., *Nitr-ac.*, *Ox-ac.*, Phos., Ran-scl., Tell., Therid., Medor.
 - pain between scapulæ by moving arms, Naja.
 - pain between scapulæ and in lower part of the back, Calc-c.
 - pain between scapulæ rending asunder, Sil.
 - pain between scapulæ and a little lower down the back, Calabar.
 - pain between scapulæ on chest., Lach.
 - pain between scapulæ and down back constantly, Sepia.
 - pain between scapulæ and in lumbar region and small of back, Kobalt.
 - pain between scapulæ running to either side, shoulder, and down to lumbar region, Medor.
 - pain between shoulders extending to loins from under point of scapulæ, *Ox-ac.*
 - paralytic pain between scapulæ, and in nape mornings, Nat-c.
 - piercing as from knives between scapulæ when sitting in evening, Nat-s.
 - pimples between scapulæ, large with burning sensation, Lyco.
 - pinching between scapulæ as with pincers, Nit-acid.
 - pinching between scapulæ, *Ipec.*, Nit-acid.
 - pinching constriction between scapulæ, *Calc.*
 - pinching between scapulæ, with coldness, Viola-tri.
 - pressing pain between scapulæ, which seem to extend from posterior wall of stomach, Arn.
 - pressing pain between scapulæ, when stepping hard or on other movements which concuss the chest, Senega.
 - pressing pain between scapulæ, with a pressing under right scapulæ, Lyss.
 - pressive drawing between scapulæ, Calend.
 - pressive pain in spine between scapulæ with short breath,

SCAPULÆ.

worse in respiring, with pain in spinal vertebræ on being touched, *Calc-c.*

Between, pressure between scapulæ, *Æthusa.*, *Arum-t.*, *Ars-hy.*, *Graph.*

- pressure dull between scapulæ, *Lob-i.*
- pressure between left scapulæ and spine, *Led.*
- pressure painful between scapulæ, *Calend.*, *Lyss.*, *Petrol.*
- pressure between and under both scapulæ, *Calc-carb.*
- pressure inward between scapulæ, *Lauroc.*
- pressure between scapulæ which on motion impedes respiration, beneath right scapulæ extending upward, *Calc-carb.*
- pressure between scapulæ on awaking, *Thuja.*
- pressure strong on a small spot of upper part of scapulæ *Sepia.*
- pressure pain in back between scapulæ, as if parts had been strained or had suffered injury with a like pain in front part of chest on moving, *Carbo-an.*
- scapulæ, pressure as from a sprain and pressure extending forward into chest, *Pet.*
- pressure and bruised pain in scapulæ, *Graph.*
- pulsating between scapulæ, a pain passing from one to the other, thence to dorsum of right arm in extensor muscle darting toward elbow, *Plant.*
- pulsating stitch in the os coccyx when sitting, also between scapulæ, *Paris-q.*
- raising, pain between scapulæ and in lower part of chest and in left scapula, worse by raising arm, *Clem.*
- respiration, sticking between scapulæ cutting short respiration, *Copaiva.*
- rheumatic pressure between scapulæ, worse by moving arms, when walking about 4 A. M., *Sil.*
- rheumatic, violent rheumatic pain neither better nor worse by motion or rest, only better by warmth and worse by cold, *Rhus.*
- rheumatic pain between scapulæ, *Aspar.*, *Camph.*, *Lob-i.*, *Mag-s.*, *Rhod.*

SCAPULÆ.

Between, rheumatic pains in back and between inferior angles of scapulæ, Bry.

— rheumatic pains between scapulæ, can hardly turn in bed, feels beating of pulse when lying, Calad.

— rheumatic pains between scapulæ mornings on waking, Ran-b.

— rheumatism between scapulæ extending from neck to small of back, Ver-a.

— rheumatism between scapulæ on moving extending to sacrum, Drosera.

— sacrum, pain between scapulæ extending to sacrum, Zinc.

— a scraping between scapulæ, Nux-m.

— sensitive spot between scapulæ, when touched he has water-brash followed by nausea and vomiting, *Rhus*.

— sensitive spinous process of dorsal vertebræ between scapulæ become very sensitive to touch, much worse on left side, *Phos*.

— severe pain between scapulæ; he inclines forward for relief; worse from inspiration, it passes gradually around in front to ninth and tenth ribs, Nat-ars.

— shocks upward to between scapulæ from posterior walls of chest, *Calc-c*.

— shooting between scapulæ, has to straighten up, Bov.

— shooting between scapulæ extending up nape of neck, then soreness of occipital region with disposition to throw the head back, Polyporus.

— shooting pressure between scapulæ, Sepia.

— shooting and other pains between shoulders and along borders of scapulæ, has to straighten up to be relieved, Bov.

— sore between lower angles of scapulæ, afterward it extended up and down the spine, Convall.

— soreness between scapulæ with dry cough, two short hacks, Sul-acid.

— smarting between scapulæ, *Kali-b*.

— sprain, pain between scapulæ as from a sprain and pressure extending forward into the chest, Petrol.

SCAPULÆ.

- Between**, sprained pain between scapulæ and forepart of chest on moving arms, Carbo-an.
- sprained, in muscles between left shoulder and neck as if sprained on rising from sleep at 4 P. M., Chin-ars.
 - a sudden sprained pain between scapulæ on lifting a weight, worse in left with sticking upon slightest movement, breathing or yawning, and on bending backward intolerable pain, Stann.
 - squeezing, stitches between scapulæ, worse on right side, *Cepa*.
 - sticking between scapulæ, *Agari.*, Colchi., Dig., Hepar., *Lach.*, Lyco., Mang., Millef., Psori., Thuja, Sepia., Sarsa.
 - sticking fine between scapulæ and in back, *Puls*.
 - sticking between scapulæ on deep inspiration, Nat-ars.
 - sticking between scapulæ in region of third dorsal vertebræ in morning, Ran-b.
 - sticking intermittent between scapulæ, Kreos.
 - sticking extending outward in spine between scapulæ, Stann.
 - sticking between scapulæ, relieved by walking, Nat-c.
 - sticking between scapulæ in evening with tearing, better in daytime, returning at night in warmth of bed, Sul.
 - sticking between scapulæ after dinner, Phelland.
 - stiffness between scapulæ, Caust., *Kali-c.*, Lact-acid.
 - stiffness between scapulæ painful, Ang.
 - stiffness, pain between scapulæ with stiffness from neck down to between scapulæ, *Apis*.
 - stiffness between scapulæ extending to neck, Agari.
 - stinging between scapulæ, Alum.
 - stinging, transitory stitches between scapulæ, Asclep-tub.
 - stitch between scapulæ, Indigo., Mang.
 - stitch occasionally between scapulæ, always succeeded by eructation, Nit-a.
 - stitches between scapulæ, Alumina., Ascl-t., Carbo-an., Colch., Hepar., Lyco., Paris, Plumb., Psori., Sepia., Sil.
 - stitches in and between scapulæ, *Calc.*, *Cocc-c.*, *Coccul.*, *Nit-a.*, *Ran-b*.

SCAPULÆ.

- Between**, stitches between scapulæ on drawing a long breath,
Aco., Pru-sp.
- stitches between scapulæ and in lumbar region, then pressure,
Æthusa.
- stitches, dull between scapulæ, near spine, Ang.
- stitches between scapulæ as if sprained on every motion,
Canth.
- stitches in and between scapulæ with arrest of respiration,
Alum.
- stitches, dull, between scapulæ extending from behind forward
in afternoon while lying down, Bry.
- stitches between scapulæ in evening when sitting, Nat-sul.,
Bry.
- stitches, slow, intermitting, dull, between scapulæ in middle
toward spine, Stann.
- stitches, violent, small, between scapulæ, Sarsa.
- stitches, between scapulæ and anteriorly in the chest, arresting
the breath more when stooping than when sitting still, Nit-a.
- stitches, obtuse, between scapulæ, Con., Dig.
- stitches between scapulæ obstructing breathing at night,
Carbo-veg.
- stitches, severe, from the thoracic cavity, through spine out
between scapulæ, Calc-c.
- stitches, broad, sharp, in the spine, between scapulæ, from
within outward, Stann.
- stitches and tension between scapulæ, *Colch.*
- stone, pressure as from a stone between scapulæ, *China.*
- a strained feeling between scapulæ, Bell.
- a straining while stooping in the neck and between scapulæ,
Ant-cr.
- tearing in and between scapulæ extending to occiput, Berb.
- tearing pain between scapulæ, Anac.
- tearing, a violent tearing pain between scapulæ, *Sil.*
- tearing frequently between scapulæ, Agaric.
- tearing between scapulæ, Anac., Berb., Calc., Calend, Canth.,
Mag-m., Caust., Meny., Psori., *Puls.*, *Sil.*

SCAPULÆ.

- Between**, tearing between scapulæ so he could not move, *Petrol.*
 — tearing between scapulæ and at same time they were drawn together, *Rhus.*
 — tearing, painful between scapulæ, *Anac.*, *Caust.*
 — tearing between scapulæ and also shooting in evening, *Sul.*
 — tearing, with feeling as if a piece would be torn off on inner border of left scapulæ deep in bone, as with a knife between scapulæ, in afternoon, *Bov.*
 — temples, pain between scapulæ, extending over head into temples, *Kalmia.*
 — tension painful between scapulæ; better by rubbing, *Carbo-an.*
 — tension painful between scapulæ, *Rhus*, *Sepia.*
 — tension between scapulæ, *Nat-c.*, *Sepia.*
 — tension between scapulæ in back, extending into neck, *Lauroc.*
 — tension between scapulæ, with cutting and tingling in skin, *Jacea.*
 — tension between scapulæ and in sternum, preventing raising arms, a kind of paralysis, *Fer.*
 — tension between scapulæ and down back, *Mag-mur.*
 — tension and drawing between scapulæ in open air after taking off coat, *Nat-carb.*
 — tensive pain between scapulæ, *Sepia.*
 — tensive aching between scapulæ and in side of neck, *Sul.*
 — throbbing pain between scapulæ, *Merc-i-fl.*
 — throbbing and aching pain between scapulæ, *Calc-phos.*
 — throbbing between scapulæ, *Phos.*, *Kali-iod.*
 — throbbing with tearing alternating, left scapulæ, then between scapulæ, also at night, *Baryta-carb.*
 — tickling, itching stitches between scapulæ, *Arg-m.*
 — tugging pain between scapulæ; when sitting or on turning it becomes a tugging, *Ver-alb.*
 — twitching in cervical vertebræ between scapulæ, *Phell.*
 — thrusts dull from posterior walls of thoracic cavity to between scapulæ in the rhythm of the heart-beat, with great anguish, *Calc.*
 — weakness between and below scapulæ, *Sarrac.*

SCAPULÆ.

Between, weakness, a peculiar weakness and stiffness between scapulæ, extending to neck, Agari.

— wind; sensation of wind blowing on parts between scapulæ, Caustic.

— yawning, a sudden sprained pain between scapulæ on lifting a weight; worse in left side with sticking upon slightest movement; breathing or yawning or bending backward intolerable, Stannum.

Blows, a stinging in right scapulæ; paining when in motion as from blows and bruises, Kali-c.

Bones, tearing in bones of scapulæ, Merc-c.

— beating and tearing in the right scapula, seemingly in the bone, soon recurring after friction, Phos.

— pain as if in the bone of the right scapula, Cund.

— pain in bones of right scapula with darting from right clavicle to right scapula, Ver-alb.

Boring pain in scapula, Cornus.

— in tip of left scapula felt as far as the end of the ensiform cartilage, Nat-carb.

— in left scapula, Aur-m-nat., Spig.

— in left scapula relieved by motion, Peonia.

— in middle of right scapula, as if extending to the ensiform cartilage, Nat-carb.

Breath, severe shooting in left shoulder arresting the breath, Graph.

— sticking from right scapula down side of spine to last rib, worse by inspiration, with tearing, and on deep inspiration arrest of breath, Sarsa.

— can't take a full breath for the pain under lower angle of left scapula, worse from motion or breathing, Cup-ars.

— drawing a long breath aggravates the pain under right scapula, Jug-cin.

— scapulæ seem to him swollen and the pain took away his breath if he leaned with back against anything, Sil.

— drawing and tearing in right scapula, it compels him to take a deep breath, Nat-m.

SCAPULÆ.

Breathing, stitches in right scapula on breathing, *Kali-C.*

- several stitches under scapula arresting breathing and not allowing any stooping, *Sul.*
- terrible pain from under left scapula around to chest and down to groin, constricting breathing, *Mag-phos.*
- extremely painful between scapula and down back, especially on deep breathing, *Meny.*

Broken, pain as if scapula were broken, *Ananther.*

Bruised pain in the scapula, *Graph.*, *Thuja.*

- pain beneath scapula (left), *Ledum.*
- pain in scapula with pressure between, *Graph.*
- pain in right scapula and upper arm, worse by lifting, *Anac.*
- severe pain as if bruised over the entire scapular region, *Merc-i-fl.*
- paralytic pain in scapula as if bruised when sitting or standing, better by lying down, *Asarum.*
- feeling in right scapula toward back, *Arn.*, *Cicuta.*
- a bruised pain in scapula and in hips, *Nat-m.*
- pain as if swollen or bruised from right scapula to shoulder-joint, *Berb.*
- pain as if bruised between scapula, worse by stooping and in intercostal muscles, *Cham.*

Bubbling sensation beneath scapula in back and upper arm, *Squilla.*

- sensation in left scapula as if blood were dropping through a valve, *Spig.*
- on border of right scapula, near axilla, as if air was forced into flesh, *Berb.*

Burning in scapula, *Carbo-veg.*, *Rob.*, *Zinc.*

- about hips and in scapula, with aching along spine, *Carbo-veg.*
- and tensive aching between scapula, *Sul.*
- from pimples below right scapula, *Cist.*
- stitches below scapula while sitting, *Oleand.*
- violent burning below right scapula, caused by a very much inflamed spot about the size of palm of hand; soon after pimples appear on this spot in a large cluster, causing vio-

SCAPULÆ.

lent burning ; later, rheumatoid pains into left hip, worse from motion, Cist-c.

Burning and itching on a spot below and to the right of scapula, Pallad.

— pain between scapulæ, *Phos.*

— pain often over a small space in scapulæ, greatly worse by long-continued needlework or writing, Ran-b.

— pain, then burning on right scapula, Lyco.

— pain on left scapula, Sil.

— stitches in right scapula, running to elbow, with burning pain, Sil.

— beneath scapulæ, Tabacum.

— beneath right scapula, Can-sat.

— beneath right scapula, close to spine, with heaviness in right side of chest, Staph.

— between scapulæ, *Glon.*

— between scapulæ, in myelitis, *Sul.*

— between scapulæ, before vomiting, *Rhus.*

— between scapulæ, from small of back, Thuja.

— sensation between scapulæ, with hot feeling down back, Glon., Lyco.

— and tingling between scapulæ, Saba.

— between scapulæ, when sitting, Thuja.

— in scapulæ, with tension between and extreme restlessness of extremities, *Zinc.*

— and heat in dorsal region, mostly below lower half of scapulæ, while sitting reading at night, Helon.

— and soreness between scapulæ, *Phos-ac.*

— and throbbing between scapulæ, *Phos.*

— pain between scapulæ, *Phos.*, *Sul.*

— as from hot coals between scapulæ, *Lycopod.*

— coals, burning as from red-hot coals on shoulders, *Phos-ac.*

— in left side and left scapula, *Zinc.*

— in middle of right scapula, *Caustic.*

— in right scapula, also in region of left kidney, *Lachn.*

— on right scapula, *Iod.*

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- Burning** and shooting on left shoulder, extending to hip, Mag-m.
 — over both scapulæ, Lachn., Sil., Sul.
 — over left scapula, Ambra., Bary-c., Nat-m., Sil., Marum-v., Zinc.
 — over right scapula, Bary-c., Can-s., Caust., Iod., Lauroc., Senega., Sul., Ver.
 — running pain in left scapula, Sil.
 — pressure in spine extending across dorsal region, and in scapulæ like that produced by sewing, Sepia.
 — first a pressure then a burning in right scapula, Lyco.
 — and pricking in left scapula, Fluor-ac.
 — and pressure on lower end of right scapula, frequently recurring, disappearing by motion, Nat-c.
 — and heat in dorsal region mostly between scapula while sitting *reading* at night, *Helon*.
 — in *right* scapula, *Carbo-v.*, *Lyco.*, Lachn.
 — and soreness between scapulæ, Phos-ac.
 — in lower portion of scapulæ and *spine*, Pallad.
 — in a small spot on left side of lumbar vertebræ and at same time in lower end of left scapula, worse from arising from a seat, better when walking, Bary-c.
 — and shooting violently on upper part of scapulæ, passing off only for a short time by rubbing, Stann.
 — on skin of right scapula, Zinc.
 — with sticking in middle of right scapula, Lauroc.
 — as from stitches in scapulæ, *Nux-v.*
 — stitch on outer border of right scapula, Bary-c.
 — stitch on top of right shoulder, Stann.
 — stitch frequently on left shoulder, Graph.
 — stitches, fine, under right scapula, extending toward ribs, Asaf.
 — and throbbing between scapulæ, *Phos.*
 — under left scapula with pain through shoulder, *Cund.*
 — between scapulæ from vomiting, *Rhus.*
 — in muscles about lower margins of scapulæ in women who follow sedentary employment, often over a small space,

SCAPULÆ.

greatly worse by long-continued needle-work or writing,
Ran-b.

Burning in upper end of left scapula, somewhat better by rubbing,
Alumina.

— in upper part of right scapula, *Bary-c.*

— in left scapula, as if hot water were poured over it, *Nat-m.*

Changing, pain beneath right scapula, changing to a stitch upon
respiration, *Cup.*

Chest, pain between scapulæ and on chest, *Lach.*

— constant pain under lower angle of right scapula, extending
to chest or stomach, causing nausea and vomiting, *Chelid.*

— cutting, crampy pain through left side to chest and scapulæ,
Nat-m.

SOME SIMPLE FOOD TESTS.

BY DR. EDWARD A. MARTIN, OF NEW YORK.

Dr. Edward A. Martin, Chief of the Food Inspection Division of the Health Department, New York city, said recently that the heads of families, not only in the great metropolis, but throughout the country generally, have within easy reach the means of self-protection against deleterious food products, which, if put in universal practice, would soon make food adulteration a non-paying business. "The fact that during the past year more than seven million pounds of food unfit for use have been seized and destroyed, and nearly three hundred persons engaged in the illegal traffic have been convicted and punished," said Dr. Martin, "shows that the health officials have not been idle during that time. But when the enormous quantity of food brought into the city each year, amounting to billions of pounds in weight, is considered, it can be seen readily that, to make such supervision faultless, the expense would be correspondingly enormous.

"There are, however," continued Dr. Martin, "a number of simple, inexpensive home tests, easily applied, and requiring only the expenditure of a little time, which would make every housewife her own food inspector, and which would do more than any

official action could to lessen the evil effects of this nefarious traffic, which seeks profit at the expense of the good health of the community, and oftentimes at the cost of life itself." Among the home tests suggested by Dr. Martin for the detection of food unfit for use through adulteration, or from other causes, are the following :

The bright green color of pickles is often due to the presence of salts of copper in solution. To detect this crush a small piece of the pickle, place it in a cup with a bright, coarse needle, and, at the end of twenty minutes, if there was any copper in the pickle, the needle will be coated with a red film. This test can be made more interesting by placing the needle, after it is taken from the pickle, in a cup containing a teaspoonful of ammonia water. The latter will become bright blue in color if copper has been precipitated on the needle. Such pickles are harmful, and should be thrown away.

THE BUTTER TEST.

Rancid or poor butter is easily detected by its taste or smell, but oleomargarine, which is a complete substitution of another substance in place of dairy butter, is difficult of detection even by experts. A simple test for suspected butter is to place some of it in a tin cup and heat it on the stove, at the same time stirring the substance with a fork. If it is oleomargarine, considerable spluttering and spitting will take place. On the other hand, genuine butter melts quickly with little or no noise.

In selecting canned food, always take the cans that have dents in them. Cans that are smooth and well rounded out are likely to be what are known as "swelled cans" which is caused by gas formed through fermentation. Dents in the can are proof of the absence of fermentation. When a can is opened the inner sides should be examined; if they are black and have evidently been acted upon by acids, the contents of the can should not be used. Canned corn, peas, or beans should never be sour. To detect sourness the litmus pencil, so called, is a useful household friend. One end of the pencil is blue and the other red. If too much acidity is suspected, put a little of the liquid on a

piece of stout white paper, or if it is a solid moisten somewhat, and make a mark with the blue end of the pencil. If the substance is acid the blue mark will turn red at once. In a test for excessive alkali use the red end of the pencil, when the red mark will turn blue, if the substance is alkaline.

If a few grains of coffee are dropped into a quantity of cold water it will be found that, if the coffee is adulterated, more or less coloring matter will show in the water. Genuine coffee imparts no color to cold water. Another test is to take a needle and try to pick up grains of ground coffee; chickory and other adulterants are so soft that they are easily penetrated by the needle's point, while genuine coffee is hard and very difficult to be picked up in that way.

What is known as "lie" tea is often substituted in place of genuine tea. This "lie" tea is prepared by rolling up grains of sand with tea leaves already used, so as to imitate the weight and plumpness of genuine tea leaves. It can be detected by moistening the suspected tea and carefully opening the leaves with a needle, thereby disclosing the hidden grains of sand. Leaves of the oak, plum, peach, and sloe are also used as adulterants, and can be detected by comparison with leaves of genuine tea.

FRESH FISH.

Freshly-caught fish have bright gills and clear, bead-like eyes; when fish become stale the gills assume a pinkish hue, and the eyes become whitish and opaque, and they remain so, no matter how often the fish dealer douches them with water to give them an appearance of freshness. A lobster that has been boiled after death can readily be detected by pulling the tail out straight, as the tail will then remain outstretched or curve inward again very slowly; whereas, if the lobster was boiled while alive the tail will spring quickly back into place.

The chief foreign ingredient in adulterated sugar, nowadays, is starch; to detect its presence a drop of tincture of iodine in a teaspoonful of water applied to the suspected sugar will cause a blue color to appear if starch or flour is mixed with the sugar. This test can be successfully used with any substance in which

starch appears as an adulterant. To detect sand or other adulterant that is not soluble, dissolve a tablespoonful of sugar in a bottle containing four or six ounces of water. Allow it to stand twenty-four hours, and the sediment, if any, which falls to the bottom of the bottle, will show the character of the adulterant. If there is sand the sediment will feel gritty to the touch; if there is carbonate of lime it will give off bubbles of gas when a few drops of vinegar are added and the sediment is moved.

A drop of artificially colored wine let fall into a tumbler of cold water will rapidly impart its color to the water. Genuine wine does not do this so readily. Another test is to moisten the fingers with wine and rub them quickly together. If the wine is artificially colored, the fingers will be stained; if genuine, they will not. The bitter taste of beer is often imitated in adulterations by an infusion of picric acid. To detect this, heat a cup of beer, made acid by adding a few drops of vinegar. While it is still warm immerse in it a few strands of white wool yarn, and if picric acid is present the wool will be dyed yellow.

MILK TESTS.

A quick test of milk is to mix it well and then pour it from a glass. Pure, unadulterated milk will leave a thick coating on the inside of the glass, while watered or skim milk will run out cleanly. Good milk should contain 12 to 15 per cent. of cream, and the percentage of cream can be estimated in this way: Take a long, narrow bottle, with a capacity of six or eight ounces. Paste on the outside a strip of paper, half an inch wide, running from the neck to the bottom of the bottle; divide this strip by pencil marks into ten equal parts, fill the bottle to the five mark with milk, and then to the top of the paper with water at a heat which will just allow the hand to be inserted without causing pain, and to which as much soda has been added as would cover the end of a penknife. Shake well, to mix thoroughly, and place in an ice-box. In half an hour observe how much cream has risen, and measure this off on a piece of paper; double this distance, and then see what part of the total length of the paper strip on the bottle this is. If it is one-twentieth, the milk only

contains 5 per cent of cream ; if one-tenth, then it contains 10 per cent. ; if one-fifth, then it contains twenty per cent., and so on.

A sure safeguard against ill effects from contaminated water, and especially useful in the country, or at summer resorts, is the addition of five drops of peroxide of hydrogen to the water a few minutes before drinking it. The liquid is obtainable at any drug store, is absolutely harmless, tasteless and colorless. Its addition to the water only breaks it up into active oxygen and water, the former killing whatever germs of disease may be present in the water. This method is equally efficacious and much more convenient than the ordinary way of boiling suspected water to destroy possible germs. If a few drops of solution of sugar are placed in a glass of suspected water, and the glass is covered and put in a warm place, the water, if it is contaminated, will become cloudy and deposit a sediment after a few hours.

Indianapolis News, July 9th, 1898.

RHINOLITH OR NASAL CALCULUS.*

BY WILLIAM H. POOLE, M. D., DETROIT.

MR. PRESIDENT AND MEMBERS OF THE WAYNE COUNTY MEDICAL SOCIETY :

The pathological specimen I have the pleasure of exhibiting to you this evening is one of unusual interest, even to those of us who limit our practice to diseases of the eye, ear, nose, and throat, from the infrequency with which we meet these cases, and also from the circumstances which led up to its discovery, owing to the fact that it was situated somewhat differently from most cases of this kind.

Miss L. K., aged twenty-four years, from whose nose this was taken, consulted me January 1st, 1898, regarding her nasal catarrh, with which she stated she had been afflicted ever since

* Read before the Wayne County Medical Society, February 17th, 1898.

her childhood. Ten years ago she had been treated for about a year by one of the leading rhinologists of this city, receiving considerable benefit, but for the last two or three years she has had a rather profuse nasal discharge, thickened, and increasingly offensive in character, with obstruction to nasal respiration, loss of smell, nasal voice, and the other usual symptoms which we find in an aggravated case of chronic rhinitis. Lately she had suffered from headache, which was increasing in severity, and was also troubled with weeping of the left eye. She had been using an atomizer for some years without getting any other relief than the keeping of the nose approximately clean.

On making anterior and posterior rhinoscopic examination I found considerable hypertrophy of the turbinates of the left side, especially of the inferior turbinal.

I suggested an operation for the removal of the hypertrophied tissue of the lower turbinal, which was impinging on the floor of the nose. This was agreed upon, and on Saturday, January 15th, I operated at 3 P. M. in the usual way, cocainizing the parts thoroughly and making a practically painless operation.

Hemorrhage was not very profuse, and was readily controlled at this time. The patient returned home, and soon after suffered from an attack of nervous sick headache, to which she was subject upon occasions of nervous strain.

As usual, the headache ended with an attack of retching, after which straining the hemorrhage started in afresh and rather profusely. I tried again to control it with styptics and plugging the naris with absorbent cotton, but did not succeed in thoroughly arresting the flow of blood, and, as the patient was getting very weak, with the kind assistance of Dr. Suttie, I tamponed through the posterior naris with a sponge tent, which instantly stopped the hemorrhage. I then ordered her to be liberally supplied with beef extract, for the double purpose of nourishment and to increase the arterial tension.

Sunday, the next day, she was doing nicely, but was very weak; there was no recurrence of the hemorrhage, but I did not think it advisable to remove the tampon, as she was too weak to bear it.

Monday, January 17th, the patient was a little stronger, but owing to debility I could only remove a part of the tampon from the anterior naris.

The next two days I removed still more of the sponge anteriorly, in all about two-thirds of it being removed up to this time, the patient still being too weak to bear much manipulation.

On Thursday morning, January 20th, I attempted to remove the remainder posteriorly, but found it so firmly fixed that it could not be dislodged except with extreme force under anæsthesia. I called in Dr. Chittick and anæsthetized the patient, when, with considerable difficulty, we removed the remainder of the sponge.

After the patient recovered from the anæsthetic I cleansed the nasal cavity thoroughly with hydrozone, one part to twelve parts of lukewarm water, and she returned home rejoicing, the turbinal wound being in good condition, healing nicely.

Next morning she came to my office for treatment, and stated she had enjoyed perfect freedom in breathing through that nostril until about four o'clock in the morning, when, changing her position in bed, that side became suddenly obstructed. After cleansing the nostril, which was seemingly full of an offensive discharge, I discovered this body, which was attached at the posterior end on the outer side of the inferior meatus, lying, as it were, in a groove or pocket.

The anterior or loose end of it was sharp like a spiculum of bone and black in color; it was freely movable about its long axis, so that you could pass a cotton-holder around it and lift it from its bed. After cocainizing, I grasped it with a dressing forceps, and, giving it a twist, removed it. I then thoroughly cleansed and disinfected the cavity with the hydrozone solution, which removed the odor and rendered the cavity wholesome.

The next day the two smaller pieces were removed while cleansing and treating the nose. They were loose, and seemed as though they had just scaled off from the bed where the larger piece had lain.

The spraying of the nasal cavity with hydrozone, followed by the use of glycozone, constituted the treatment for the next four

days, by which time the offensive odor had entirely disappeared, and the parts had assumed a healthy condition.

This concretion formed on the outer side of the inferior meatus, and as it grew larger it obstructed the flow of tears through the nasolachrymal canal, as evidenced by the overflow of tears from the left eye, which condition ceased immediately after removal of the rhinolith.

The secondary hemorrhage was evidently due to a relaxation of the pressure on the vessels of the turbinate, owing to the calculus being disturbed in its position when the patient was retching.

As to the exciting cause of the formation in the case of this young lady, I could get only a negative history, there being no recollection of any foreign object having been put up the nose in her childhood. Being desirous of ascertaining, if possible, what served as a nucleus, and at the same time of finding out the composition of the formation, I cut it in two.

Microscopical examination reveals that it is composed of amorphous phosphates, undoubtedly the phosphates of calcium and sodium, which came from the tears.

There has been a marked improvement in the young lady's condition since the removal of the rhinolith; overflowing of the tears in the left eye has ceased, nasal respiration has become perfect, her voice has lost the nasal twang, and her general health has improved rapidly, as indicated by the fact that she has gained four pounds in weight since the operation (four weeks ago), and is still improving.—*New York Medical Journal*, July 8th, 1898.

CONSTIPATION IN BABIES may be relieved by light massage of the abdomen, by a circular motion around the umbilicus, pressure being light, and exerted especially in the right iliac region. Each manipulation should last but ten minutes and should be done in the morning. The palm of the hand should be well oiled. For babies after the first year massage may be made with the finger tips over the large intestine from right to left.—*Monthly Retrospect of Medicine and Pharmacy*.

MONUMENT OVER HAHNEMANN'S GRAVE.

N. E. COR. EIGHTEENTH AND GREEN STREETS,
PHILADELPHIA, PA., September 16th, 1898.

TO THE HOMŒOPATHIC PROFESSION AND THE PATRONS OF HOMŒOPATHY IN THE UNITED STATES.

The last International Homœopathic Medical Congress, held in London in 1896, decided to erect a memorial tablet or statue over the remains of the late Dr. Samuel Hahnemann, and accordingly appointed a commission of five to solicit and collect funds for the same.

As the American representative of the Commission, appointed by that Congress, I hereby solicit such voluntary offerings as you desire to contribute toward this object in memory of the illustrious founder of Homœopathy.

The funds are now being contributed, and I would be glad to have all who feel inclined to aid in this matter send in their subscriptions at an early day, either to me or direct to the Secretary, Dr. Francois Cartier, 18 Rue Vignon, Paris, France.

The adornment of the tomb will depend on the amount of cash received, and the Commission desires to proceed at once with the work, in order that it may be finished before the session of the next Homœopathic Medical Congress in Paris in 1900.

Fraternally and sincerely yours,

BUSHROD W. JAMES.

DISCRIMINATION AGAINST HOMŒOPATHISTS.

At a regular meeting of the Kings County Homœopathic Medical Society the following preamble and resolutions were unanimously adopted:

WHEREAS, The bigotry of the allopathic branch of the medical profession still exists and shows itself in discrimination by self-styled regulars against the appointment of homœopathists as surgeons or assistant surgeons in the army, navy, or marine hospital service of the United States; and

WHEREAS, The appointment of division surgeon, U. S. V., of Dr. M. O. Terry, who has served with distinguished success for two terms as Surgeon General N. G. N. Y., serves as a precedent and a proof that it is practicable for practitioners of Homœopathy to serve their country in their professional capacity.

Resolved, That the Homœopathic Medical Society of the County of Kings, State of New York, respectfully urge upon the House of Representatives, the Senate, and the President, the enactment of the joint resolution [Senate File 164, introduced by Senator Allen, of Nebraska], now before the Senate, to the effect that "Graduates in good standing of any medical college, regularly chartered under the laws of any State of the United States, and eligible to practice therein under the laws of such State, shall, on application, be entitled to examination for appointment in the medical corps of the army, navy, and marine hospital service of the United States, any statute or department ruling or regulation to the contrary notwithstanding."

Resolved, That a copy of this resolution be sent to every member of the Senate and of the House of Representatives, to President McKinley, to the Germantown Homœopathic Society, to Dr. A. B. Norton, Chairman of the Interstate Committee of the American Institute of Homœopathy, and the homœopathic journals of the country.

Respectfully yours,

E. RODNEY FISKE, M. D.,

Secretary.

484 BEDFORD AVENUE, BROOKLYN, N. Y.

VACCINATION IN THE ARMY.

FORT HAMILTON, N. Y., September 8th, 1898.

EDITOR THE HOMŒOPATHIC PHYSICIAN.

DEAR SIR:—I desire, through your pages, to entreat as many as possible of your readers to write to the President or to the Secretary of War, urging upon their attention the fact that one, if not the chief of the causes of the breakdown of our army is the vitality of the boys having been lowered by the pouring into their blood *the putrefying matter of a sore*; for every one of them was "vaccinated," as a preparation (?) for the hardships of a campaign in a malarious climate.

If forty or fifty respectable physicians in good standing will

write to the President and Secretary of War hereon they *must* take notice of it and *investigate*.

Besides, as it will tend to throw off of their shoulders some of the awful responsibility they have incurred, they will doubtless be glad to do so, if once satisfied that there *may* be something in it.

Respectfully,

MONTAGUE R. LEVERSON.

VACCINATION IN THE ARMY.

TO THE EDITOR—SIR:—In Surgeon Senn's interesting letter regarding sickness in the army, published by you, is the following notable point: "Almost the first men sent him (General Miles) were from Chickamauga. They were run down and half sick when they arrived. They were in no condition to stand the Southern climate. General Miles noted their weakness."

One reason for this is not hard to find if we look in the right place. These men were the physical flower of the whole country, selected, after rigid inspections, for their high health and superior physical development and vigor, and they were sent to a camping ground that has no superior in the country for large bodies. In opposition to all the rational sanitary laws of our being, they were, with a superstitious imbecility and sen(n)ility worthy of the dark ages, immediately ordered to undergo a process of septic poisoning, so that "the whole current of their blood was touched corruptibly." The very citadel of their life-force was attacked at its weakest point, and their wall of defense broken down, and they became an easy prey to disease. Shakespeare says: "We sicken to prevent sickness when we purge," and when we vaccinate we do the same—only in the latter case we are attacking only a shadow, a possibility of an evil. Our gallant soldiers had real foes enough to meet without compelling them to fight imaginary ones. Whole regiments at a time were thus disabled by this dreadful ogre, and quite a number of men thus lost an arm, though never in battle. Many have not yet recovered from its effects, and many never will. Other countries have learned this terrible lesson, and we should profit by their

experience. In Sweden, Norway, Belgium, Holland, and Switzerland no soldier is now obliged to be vaccinated. The vaunted protective power of vaccination has been proved to be a myth, and it has rather proved as Dr. Oidtmann, staff surgeon of the French army at the siege of Paris, in 1871, says: "Vaccination tended rather to extend small-pox in the army than to protect from it."

The bacteriologists now tell us that the festive mosquito transmits malaria and leprosy through his exquisitely attuned trombonic proboscis; that the rapidly-scuttling, turtle-like bedbug carries consumption in his odoriferous bite, and that the busy fly often blood-poisons us to death in a day or two, so it is not in order for them to deny that the meddling vaccinator's lance, loaded with pus from a foul sore on an animal, is the innocent and beneficent instrument its imitative users would have us believe. We learn by our mistakes, and vaccination is one of them. Why be so slow and timid in acknowledging this, and persist in perpetuating the error?

W. B. CLARKE, M. D.

INDIANAPOLIS, IND., September 4th.

From the *Indianapolis Sentinel*, September 5th, 1898.

BOOK NOTICES.

DISEASES OF THE SKIN: Their Constitutional Nature and Cure. By J. Compton Burnett, M. D. Third edition revised and enlarged. Philadelphia: Bœricke & Tafel. 1898. Price, cloth, \$1.00 net. By mail, \$1.07.

This little monograph has been introduced to the profession before. It is the third edition.

Its pages are a remarkable revelation to the world of the powers of Homœopathy in the treatment of skin diseases.

In the preface the author gives his views as to the relationship of the skin to the general economy.

He says: "I do not maintain that there is no such thing as a skin disease of a purely local nature, such as common phtheiriasis and other parasitic dirt-diseases that impinge upon the skin, but speaking generally, I do maintain the following points: First, that the skin is a very important *living* organ of the body. Second,

that it stands in intimate, though ill-understood relationship to *all* the internal organs and parts. Third, that its healthiness is conditioned by the general healthiness of the organism—*i. e.*, a healthy skin on an unhealthy body is inconceivable. Fourth, that speaking generally, its unhealthiness—its diseases—come from within, sometimes even when they initially impinge upon it from without. Fifth, that being *biologically within* the organism, being *fed from within*, having its life from within, having its health from within, and having its diseases from within, it must also be treated medicinally from within. Sixth, that skin diseases are most commonly not merely organic, but at the same time organismic, or constitutional. Seventh, that the skin being an excretory organ, and being spread out all over the organism, is often made use of by nature to keep the internal organs free from disease. Eighth, that as each portion of the skin corresponds vitally with some internal organ or part, so the skin disease is often merely the outward expression of internal disease. Ninth, that in fine, the generally received external treatment of diseases of the skin, whether with lotions or ointments, or whatsoever else, is demonstrably shallow in conception, wrong in theory, harmful in practice, and therefore inadvisable."

In this exposition of the author's views the reader will perceive the true homœopathic character. It may be added that the author defiantly claims that these views are "absolutely irrefutable."

He then proceeds to recount cases that illustrate the truth of his views.

Thus he tells of various diseases spontaneously cured by attacks of erysipelas. On the other hand, he gives instances of diseases of a serious character produced by the suppression of skin eruptions. He gives a striking case of cataract of both eyes following upon the artificial suppression of ringworm.

A case of cataract was produced by the suppression of scabies. Dr. Burnett cured the cataract by giving Sulphur in potency. As soon as the cataract disappeared "a number of furuncles appeared on the arms."

The author thinks that sties are due to the effects of vaccination.

A most instructive essay upon lupus is given, in which the author maintains the constitutional nature of lupus, and quotes the results of its examination by a great number of investigators, all pointing to the same conclusion.

At page 97 the author asserts that his whole object in writing the book is to show "that diseases of the skin are really diseases of the system, though *on* the skin." He hopes that the time will come when we shall, perhaps, be able to see why certain cutaneous diseases affect certain parts preferentially, and also why when these diseases are driven in whence they came, by external means, certain internal organs have to bear the brunt of it.

This book is a great encouragement to all who seek to treat skin diseases homœopathically, and is indeed a guide in managing them.

THE OFFICE TREATMENT OF HEMORRHOIDS, FISTULA, ETC.,
WITHOUT OPERATION, TOGETHER WITH REMARKS ON THE RE-
LATION OF DISEASES OF THE RECTUM TO OTHER DISEASES IN
BOTH SEXES, BUT ESPECIALLY IN WOMEN, AND THE ABUSE OF
THE OPERATION OF COLOSTOMY. By Charles B. Kelsey, A. M.,

M. D., late Professor of Surgery at the New York Post-Graduate Medical School and Hospital; Fellow of the New York Academy of Medicine, the New York County Medical Society, etc. E. R. Pelton, Publisher, No. 19 East Sixteenth Street, New York, 1898.

This little volume of sixty-eight pages is what its title above copied shows it to be, an argument for the treatment of hemorrhoids and fistula without operation. In this argument are also included operations for the cure of obstruction of the bowel without resorting to artificial anus. The book is, to our thinking, unsatisfactory, because it gives no details of the treatment, being limited only to the argument. An author of the eminence in his profession of Dr. Kelsey could make a much better book than the one we now have before us, by elaborating the actual steps he takes to achieve the results he claims.

NOTES AND NOTICES.

THE NEW YORK POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL, University of the State of New York, has just issued the seventeenth annual announcement for 1898 and 1899. It shows that five hundred and twenty-three practitioners of medicine have attended its courses during the past year. They came from the various States of the Union and the Dominion of Canada. There were ten physicians from foreign countries, two of these being from India and one from Japan. Only ninety-six were from the State of New York.

ACETATE OF THALLIUM.—At a meeting of the Paris Academy of Medicine, Dr. Huchard read a paper on the use of "Acetate of Thallium" as a medicament against profuse perspiration in certain cases of serious illness, but produced photographs to prove that it causes the hair to fall off with great rapidity. Patients had become quite bald in several days. A new remedy for this troublesome affection which is by no means well provided for.—*Homœopathic World*, June 4th, 1898.

SEE a lot of Portuguese men on another page treading grapes with their feet for making wine. Read about it, also about Speer's improved method of mashing grapes and making wine.

ECLECTIC COLLEGE CONFEDERATION.—At the annual meeting of the National Eclectic Medical Association, held at Niagara Falls, N. Y., June 19th, 20th and 21st, 1894, the following resolution, recommended by the Committee on Medical Colleges, was adopted unanimously:

"Resolved, That the Committee on Medical Colleges recommend the organization of an Eclectic Medical College Association, composed of two delegates from each college recognized by the National Association; and that the Committee on Medical Colleges be given power to sanction any action taken by said organization." H. Wolgemuth, M. D., Chairman; J. K. Scudder, M. D.; E. Younkin, M. D.; V. A. Baker, M. D.; H. H. Green, M. D., Committee.

Following the adoption of the above, the "National Confederation of Eclectic Medical Colleges" has organized, and a constitution adopted, of which Article II is herewith appended:

"The objects of this Confederation shall be to maintain organized co-operation between the Eclectic Medical Colleges recognized by the National Eclectic Medical Association; for the purpose of promoting the mutual interests of said colleges, establishing uniform minimum requirements and curriculum, and furthering the cause of higher medical education."

FOR THE WEAK AND AGED.—The best thing for weakly persons and invalids is Speer's Port Grape Wine. His Burgundy and Claret Wines are used at dinner by the best society people in New York and Washington.

PULTE MEDICAL COLLEGE.—The principal features of the college are briefly these: Six full months of instruction, four separate years. On this course one year is allowed to graduates in dentistry, pharmacy, and veterinary medicine, and to students holding Bachelor's degrees from recognized colleges. Students from other medical colleges are admitted to that year in this college which their credentials may entitle. The curriculum is carefully graded, and there is no unnecessary repetition of work. Thorough quizzes and reviews are frequent. In the first two years the course is largely laboratory work and recitations. In the last two years it is largely clinical. Clinical advantages are unsurpassed. The Central Deaconess Hospital staff are also connected with Pulte Medical College; the Cincinnati Hospital, the Home for the Friendless and Foundlings, and the Cincinnati Homœopathic Free Dispensary furnish an abundance of first-class clinical instruction.

SEE a lot of Portuguese men on another page treading grapes with their feet for making wine. Read about it, also about Speer's improved method of mashing grapes and making wine.

JOHN STORER, M. D., has removed from Jamaica Plain, Mass., to Chicago. His address is 809 Columbus Mem. Bldg., corner State and Washington Streets, Chicago. Hours: 10 A. M. to 1 P. M. Telephone, Main 32. Residence, 108 S. Oak Park Ave., Oak Park, Ill. Hours: 8-9 A. M., 5-7 P. M.; Sundays, 12-1. Telephone, Oak Park 1272.

NOAH AFTER THE FLOOD planted the first fruit, the grape, the most healthy of all the products of the earth.

Speer, the oldest wine grower in the U. S., has vineyards of the Portugal Grape, from which his wines are made and fully matured by great age, and are valuable.

THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

'If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine.'—CONSTANTINE HERING.

Vol. XVIII.

NOVEMBER, 1898.

No. II.

EDITORIAL.

PULSATILLA.—The editorial in the October number was concluded with some notes on redness of the cheeks. The following additional indications are here given to complete that group of notes.

Arnica, Chamomilla, Ignatia, Natrum-muriaticum, all have redness of one cheek and paleness of the other.

Natrum-muriaticum, left cheek is red and the right one is pale.

Most Pulsatilla symptoms are on the right side.

Face may be bloated and purple under Pulsatilla. This is similar to Belladonna.

Under Puls. the lower lip is swelled and cracked in the middle. Calcarea-carb. has eruptions on lower lip.

Apis., Bell., and Calc-carb. have swelling of the upper lip.

Pulsatilla has looseness and painfulness of teeth. This is similar to Mercury.

Pulsatilla has sore gums. The pain is a *sore* pain. It is characteristic of Puls.

Pulsatilla has dryness of the mouth in the morning without thirst. This symptom is found under Bell., Lyc., Nux-mos., Sabadilla.

The characteristic tongue of Pulsatilla is coated yellow or white and slimy, or "covered with tough mucus."

The Belladonna tongue is dry and red.

Puls. has inflammation of throat with veins distended, similar to Kali-bichromicum.

Pulsatilla has desire for beer, but the beer tastes sweet, while butter tastes bitter.

Aversion to meat and fat food is characteristic of Pulsatilla. So, also is aversion to bread, and to milk.

The following notes may be found of value in connection with this symptom:

Aversion to rich, fat food, Angust., Bry., Carbo-a., Carbo-v., Colch., Cyclam., Hepar, Nat-mur., Petrol., Rheum., Sulphur.

Desire for fat food, Nux-vom., Nitric-acid.

Desire for ham fat, Mez.

Aversion to bread, Ars., Nat-c., Plumb., Puls., Stront.

Desire for bread, Ars., Nat-m., Plumb., Stront.

Desire for bread and butter, Ferrum and Mag-carb.

Aversion to butter, Ars., Carbo-v., Chin., Cycl., Meny., Petrol., Puls.

Desire for butter, Merc.

Aversion to milk, Æthus., Amm-carb., Bell., Bry., Calc-c., Carbo-v., Cina., Guaij., Ign., Nat-carb., Nux-v., Puls., Sulph., Tart-emet.

Aversion to mother's milk, Cina, Lach, Merc., Sil., Stann.

Pulsatilla is the most important remedy in the morning sickness of pregnancy.

Pulsatilla has pressure in the pit of the stomach after each meal, with vomiting of the ingesta.

Kali-bichromicum has nausea after a meal with heat all over the body, and giddiness excited by drinking and smoking, and relieved in the open air.

Pulsatilla is a remedy of great importance in peritonitis. Sulphur is also of great value in this disease.

Pulsatilla has colic and rumbling in upper abdomen and nausea.

Pulsatilla has painless rumbling of gas in the abdomen. Lycopodium has painful rumbling.

Pulsatilla has incontinence of urine, with involuntary discharge when coughing, passing wind, and during sleep.

Petroleum has constant dripping of urine.

Pulsatilla is an important remedy in gonorrhœa, when the discharge is greenish yellow.

Pulsatilla is a valuable remedy in dropsy of the scrotum.

Pulsatilla is a valuable remedy when the first menstruation is delayed. Kali-bichromicum, Baryta, and Sulphur are also indicated in this condition.

Pulsatilla is indicated in suppression of lochia. So also is Zinc.

Pulsatilla is indicated in suppression of the milk after child-birth.

Urtica-urens is also indicated when the milk does not appear after child-birth.

Pulsatilla has groaning or rattling breathing when asleep.

Pulsatilla has severe dry cough and so has Nux-vomica.

Pulsatilla has cough with expectoration during the day, but not at night. This is similar to Calcarea.

Pulsatilla has palpitation of heart with inability to endure bed covering. Must throw it off.

Pulsatilla has lumbago with groaning and grunting while lying in bed. Yet has severe pain if moved. The Pulsatilla patient wants to move about but can't on account of the pain. He screams with the pain when moved, yet his restlessness compels him to move a little bit so as to secure a new position. Dr. Lippe had a case of lumbago in which the symptoms occurred as here stated, and he made a brilliant cure with Pulsatilla. Yet other remedies must not be forgotten in these cases. Thus Rhus-toxicodendron has lumbago which is better for a little while in a certain position, but soon the pain

becomes severe and he must move to a new position. Then he gets relief for a little while, but soon he must move again.

Natrum-sulphuricum has hip-pain, better in a certain position, but soon compels him to move again, the motion causing intense suffering.

Pulsatilla is an important remedy in chilblains.

Pulsatilla has hot inflammatory swelling of the knee.

This symptom recalls to the mind of the editor a case of severe inflammation of the knee joint, occurring in a tailor while standing before his cutting board. The pain came as suddenly as a stroke of lightning throwing him to the floor, where he groaned loudly with the agony. He was carried home and his physician, the writer of this article, was summoned. We found the joint extremely sensitive to touch, and highly swollen. The patient had the foot resting on a high chair. The limb could not be allowed to hang down or to rest on the floor, because the pain became intensified to an unbearable degree. This is a keynote for Pulsatilla. The pain was most violent on first beginning to move. But continued movement was attended with severe suffering. He would remain quiet for a while with a subsidence of the worst pain, when in spite of the intense aggravation from motion he would rise from his chair and attempt to cross the room. When asked why he did so, he said he was so restless that he must move notwithstanding the pain.

According to Hering, the Pulsatilla pains appear suddenly and disappear gradually. In this case the patient was stricken suddenly as if by lightning when at his work and apparently perfectly well.

We gave Pulsatilla 200 in water; the pain was relieved, and in two hours he was able to retire to his room. In two days he was able to go to work, and in two or three days more was perfectly well. This case was published in Dr. Skinner's journal, *The Organon*, Vol. III, No. 1, January, 1880, page 34, at the request of Dr. Lippe, who highly approved of it as an instructive instance of homœopathic prescribing.

BAROMETRICAL PRESSURE AS A FACTOR IN MEDICINE.

BY T. WESLEY BURWOOD, L. K. Q. C. P. AND L. M., IRELAND, L. R. C. P. AND L. M., EDIN.

Towards the end of the month of January, 1882, I was brought face to face with a puzzle which gave me much personal chagrin, though it eventually has proved a source of much satisfaction, as it opened up a line of thought which to me has been very useful.

How frequently in the experience of all of us have our failures been fruitful for good.

I had been in regular attendance on a gentleman whose name is well known. He had been my patient off and on for some years for trivial ailments, and I flattered myself I knew everything it was possible to know about him; he had been a most healthy man, never having had a serious illness since childhood. His habits were those of an English gentleman, and until a few months before his death he might have been seen on horseback in "The Row" every morning of his life when in London. He, however, towards the end showed signs of œdema in the feet due to heart trouble. There was no valvular lesion, though latterly marked dilatation was evident. There was no albumen in his urine and his present condition might be summed up as due to old age (eighty-four).

I had seen him one day about 6 p. m.: he was jolly and jocular, with nothing to indicate anything like a sudden collapse, his respiration was normal and his pulse and temperature satisfactory.

To my surprise, when I called about noon the next day I found my patient dead!

On inquiring of the nurse, who was a woman of experience,

what had happened, she said: "He went to sleep as usual between 10 P. M. and 11, but woke soon after 1 complaining of breathlessness, his heart beating very fast and irregularly; this went on until gradually he became pulseless, and he breathed his last at 6 A. M., five or six hours after first awaking."

When I left him the previous afternoon I told the friends I considered his condition highly satisfactory, and yet within twelve hours he was dead!

I felt my position acutely, as I feared lest the friends might consider I had not fully grasped the situation, and that my reputation was endangered, which, however, did not prove to be the case.

During the rest of the day I turned over in my mind every possibility that could have arisen, but derived no satisfaction from any of my cogitations.

Taking up the evening paper after dinner I saw an account of a "Terrible Gale," which led me to wonder whether *that* had anything to do with my patient's sudden death. And this led me to the outcome of this paper.

Now I was not, nor am I, a meteorologist, but the facts are these: For four or five weeks before my patient died the weather had been what is commonly known now as "Anti-cyclonic," and on referring to the charts published daily by the Meteorological Society I found the barometer had stood between 30.2 and 30.8 for nearly five weeks. But about midnight there was a sudden fall, the glass dropped to 29.1, and before the gale was over it had fallen to 28.5.

Now what does all this mean? I am not going to give you a lecture on the barometer, we all know what that is, and few look at the instrument as it hangs in their entrance hall, excepting simply to see what the weather for the day is likely to be. To me it is that, but it is also a great deal more.

Now we all know when the barometer stands at 29 inches it means the atmospheric pressure registers 15 pounds on

every square inch at sea level, consequently when the glass indicates 30 inches there must be more than 15 pounds pressure to the square inch, and more still as the Mercury is forced up to nearly 31 inches, which latter point I have seen only once in sixteen years' daily watching every morning and night.

Professor Darwin, in an article in the *Fortnightly Review*, says: "The barometer ranges through fully two inches. Hence, when the barometer is very high, every square foot of the earth's surface supports about 140 pounds more than when it is low, and 140 pounds to the square foot is 1,800,000 tons to the square mile."

What then happened on this sudden fall taking place? My explanation is—my patient's heart had been beating strenuously for some weeks against all this extra pressure, and when this pressure was suddenly taken off, like a horse going up hill with a heavy load behind him, the traces suddenly breaking the horse gallops away free—the heart's action was increased, the over-loaded heart and lungs became oppressed, a clot was gradually formed in the cardiac cavities, and soon life became extinct.

I have during all these years of observation seen very many cases of one kind or another so affected, and I can assert, without fear of contradiction, that any one interested in this subject will find notices of sudden death in the obituary of the morning papers after a sudden rapidly falling of the glass accompanied by a gale of wind or a hurricane; and many of these are cases, which, no doubt, have been a puzzle to the medical men in attendance, when their patients have suddenly passed away without any apparent cause.

You may have a powerful heart bounding and thumping away, driving its blood with increased violence into the cerebral vessels, and should there be a weak, atheromatous spot, cerebral apoplexy is the result, and your patient, who goes to bed apparently quite well, is found lifeless in the morning.

This applies also to epistaxis, pulmonary, and renal hemorrhages, angina pectoris, also in pruritus vulvæ, and many other conditions.

This brings me to an interesting point, which has frequently been discussed, though I have never seen it mentioned in connection with my subject—*that is*, why so many deaths take place in the night or early morning? I believe this is due to conditions to which the barometer can testify.

Captain Greenstreet, R. N. R., a man of great intelligence, who made observations extending over many years and in every part of the globe, showed me the automatic readings from his aneroid, and said "that it mattered not in what part of the world he was, there was always a slight and sometimes great falling in the Mercury between 3 and 5 A. M.," and my theory is, I think, substantiated thereby.

There is not a medical man of experience present but can call to mind patients so susceptible and sensitive, that before they get out of bed in the morning they are able to tell that the wind is easterly, while others, who may not be affected by the east wind, will emphatically tell you there is going to be thunder, and you may rely on their prophecy coming true.

That there is in some patients what I call "meteorological susceptibility" I can prove, as numbers of my patients keep an aneroid in their bedrooms, which they watch night and morning, and so regulate their action and mode of living accordingly.

My friend, Dr. Reed Hill, when he was living with me was so aware of this fact that if he were disturbed in the night by a gale of wind he would say at breakfast, "We shall get a telegram directly from Mrs. So and So," and surely enough before noon that telegram came; or I would say, "We must look after Mr. So and So's heart while this gale continues," and we invariably found it necessary, for the patients had had restless nights, with wakefulness and palpitation which nothing could account for.

Many years ago I was attending an elderly lady suffering from bronchitis and weak heart. During the progress of her illness the barometer ranged very high, and on coming downstairs after visiting her one day, I was met by the patient's son-in-law, a retired judge, who inquired how Mrs. — was?

I replied, "She is going on as well as she can, and as long as the barometer stands as high as it does there is no immediate danger, but if there should be a sudden fall we may expect disastrous results." In less than a week the Mercury fell one night, a gale sprang up, and on going to the house next morning I inquired of the footman how my patient was, and was told she had had a restless night. On reaching her bedroom I found the family watching her breathe her last.

That same morning between 5 and 6 o'clock I was called to see an old lady of eighty-four, who had had a bad attack of dyspnœa, palpitation, and diarrhœa in the night, and who died shortly before 9 o'clock the same morning.

That same afternoon at or about 3 o'clock the public was shocked with the news of the sudden death of Sir S. Northcote at the Foreign Office.

It may be interesting to the members if I recall to them the sudden death of Archbishop Benson in Hawarden Church, which took place during a hurricane and a rapidly falling barometer.

In the spring of 1887 there were several letters in the *Lancet* from different medical men, asking if any of their *confreres* could account for so many calls to patients suffering from diarrhœa, the attacks coming on on a certain Saturday. The same inquiry was repeated in the next week's issue. I may say, in passing, I looked carefully, and found no reply was ever sent.

On this same Saturday, when I went in to luncheon, I found a telegram from a patient I had recently taken to Brighton, and before the meal was over I had another from a patient in Essex, and a third in Acton, and a fourth in Han-

well, all of them with sudden attacks of diarrhœa. For the next few days I was busy with fresh cases, all of which dated their ailments from about midday on Saturday; some were men, some were women, all under different conditions as to health, locality, and age. Nothing in the shape of indiscretion in diet could account for it. For three weeks previously the weather had been anti-cyclonic, the barometer standing from 30.2 to 30.6. On the Friday evening the glass showed signs of downward movement, and by midday on Saturday a gale of wind had come into activity, and with it quickened action of circulation, more blood was driven through their susceptible livers, more bile thrown out, peristaltic movement increased, and in all these cases Merc-corrosivus quieted this internal disturbance and held the trouble in check.

Another instance in connection with this alteration in barometrical pressure occurred during a summer holiday in Switzerland. I was stopping with my wife and one of my daughters at Engleberg (3,314 feet above the sea level), and at the same hotel I found a well-known West End physician who arrived twenty-four hours before we did. We hobnobbed together and sat at the same table. On the third morning after his arrival he came to me after breakfast, asking me to prescribe for him for an attack of diarrhœa. On inquiry he said "they" had given him some bad salmon for dinner the day of his arrival, and this was the cause of upsetting his sensitive liver. Others who sat at the same table, and who had been in Engleberg some days and partook of the same were not affected. My friend said he had taken rhubarb pills to no purpose, so he asked me what he should do. I said "leave physic alone, eat as usual, and drink only Cognac until the bowels are quiet."

I asked him how long he had taken to get from Harley street, and whether he had rested *en route*. He said he had left Charing Cross at 11 A. M., and in the afternoon of the fol-

lowing day reached Engleberg. I suggested he should give the fish the benefit of the doubt, and that the diarrhoea was most likely due to his *rapidly* rising to the elevation in which he now found himself. I explained had he quietly stayed at Lucerne twenty-four hours, which is only 1,437 feet above the sea, and accustomed his heart to the altered pressure, it might have been altogether different.

Many visitors in Switzerland, to whom time is precious, rush away from London to find themselves in Alpine heights before they hardly know where they are, and consequently are frequently attacked by the "malade de montagne," which natives never experience.

Some years ago I had the widow of a clergyman under my care, who suffered from attacks of cardiac irregularity, palpitation, and dyspnoea. She had no cardiac lesion. There never seemed to be any cause, as far as she knew, for the attacks, which were very distressing to herself and alarming to her friends. On one occasion I was sent for, and found her with a tumultuous, irregularly throbbing pulse, and much distress. The attack came on in the early morning, and when I arrived about noon she was very exhausted, and looked it. Her temporal arteries were working synchronously with her radial pulse and her heart. During this time we were passing through an equinoctial gale. I at once gave her brandy, on the *similia similibus* principle, and gave strict injunction as soon as the breathing was easier and the heart's action quieter to stop the brandy, and moreover to watch the barometer and give small quantities of stimulants only on a falling glass. Some weeks after this, one tempestuous Sunday morning about 11 o'clock, I happened to be passing the house and casually dropped in to see how the atmospherical disturbance was affecting her. I found a messenger had been already sent for me, but I had left home before his arrival. I was met at the door by one of the daughters, with tears in her eyes and almost choked with her sobbing, saying, "I was

only just in time." I hurried upstairs and found the bed surrounded by members of the family all weeping. The patient was in a state of loquacious delirium, saying she was "so happy," and with clasped hands, saying she was "seeing angels ascending and descending." I inquired how long this had been going on, and was told she had awakened about 5 A. M., very distressed as usual, and had been "rapidly sinking" ever since. Her pulse on my arrival was most regular and full, 110 to 120, and not the least like what I had noticed on previous occasions. I inquired how much brandy had been given, when a bottle of Martell's * * * was shown me, the contents of which, except a little at the bottom, had been given since she awoke. I told them there was no need for further stimulants for the next twenty-four hours, and at the end of that time she would be her usual self. Needless to say the angels all disappeared, and on my next visit the following day she had recovered from the intoxication, which her too fond children had helped her to induce.

The old lady has since died of senile decay, finally expiring during an equinoctial gale last spring.

Another condition which I have found almost invariably affected by the sudden lowering of atmospheric pressure is purpura hæmorrhagica. Mrs. —, a lady nearly sixty years of age, has during the last five or six years been subject to purpura. She always knows when she is developing purpuric spots by the local pains, and these attacks are always more present during the period of a rapidly falling glass. On one occasion she suddenly became deaf in one year during a gale of wind, and when I saw her I diagnosed hemorrhage in the tympanum, which was confirmed by a West End aurist of great repute. In the summer of that year she took a house in an elevated position in the Lake district, and almost as soon as she arrived she suffered with palpitation of heart and fresh accession of spots. When she became accustomed to the elevation her cardiac action became regular, and the remain-

ing part of the visit was happy and free from unpleasant symptoms, unless a gale of wind happened to arise.

Now in connection with ears, one often sees patients suffering from noises in the head, who will tell you that the degree of severity differs very much—some days very little, on others it is quite unbearable. If you suggest to them to watch the indication of the aneroid, they will tell you they are always better on a rising, and worse on a falling glass.

Another class of cases in which I have been very interested is epilepsy, and often have been astonished at the coincidence of epileptic attacks with rapid lowering of atmospheric pressure. In connection with this I was surprised on one occasion to find the father of a young lady under my care had made observations for the last ten years in connection with his daughter's attacks, and he found she was always well during a rising glass, or a prolonged anti-cyclonic period, but she always had an attack when the Mercury rapidly fell, and this usually in the early hours of the morning.

Another patient, a sweet, lovely little chappie of eleven years, is always more free from his attacks during days and weeks of anti-cyclonic periods, but recently he had nineteen fits in five days on a falling barometer.

On one occasion, in November, 1897, one Monday morning at 6 o'clock, four of my epileptic patients had attacks at the same hour, and this was eighteen hours after my pocket aneroid had registered 31 inches at the end of Hastings Pier, but at the time of their attack, the glass had fallen suddenly to 29.5.

I am not at all inferring that all cases of epilepsy are due to this cause, for we know they are not. Still, as so many epileptics do have their fits in the early morning, I think I am justified in saying in all probability they are induced by rapid alterations in atmospheric pressure affecting the circulation in the brain.

Another feature and interesting fact in connection with this

subject. In the prolonged anti-cyclonic periods which sometimes prevail for weeks together, there may be at the same time an absence of rain, and consequently our drains and sewers are lacking water, while the atmospheric pressure keeps down and imprisons the sewer gases.

Some years ago I demonstrated this in connection with an epidemic of diphtheria. I was inquired of by the Medical Officer of Health whether I had among my patients any cases of diphtheria or sore throats. I replied, "I had no more under treatment than usual after a prolonged period of drought, whether that drought was caused by an absence of rain in summer or by frost in the winter."

In studying carefully the meteorological phase of the epidemic, I found the outbreak took place on January 22d. Five weeks previously, *i. e.*, from December 17th, a period of thirty-six days, there had been no rainfall at all, consequently the drains were in a state of quiescence. Between these same dates our average height of the barometer was 30.30; this showed the atmospherical pressure was of very high range and spread over a long period. Consequently, when the barometer falls, this great pressure being taken off, the obnoxious imprisoned sewer gases are liberated and escape through faulty joints and defective traps and valves. Given a long period with a high atmospheric pressure, coupled with defective closets and drains, one can predict, almost to a certainty, when the glass falls there will not only be sporadic cases of diphtheria and diphtheritic throats, and follicular tonsillitis, but in districts where numbers of houses have their closets, etc., faulty, there will be in all probability an epidemic of the disease.

If at the time of the fall there is a gale of wind to blow away the miasm all well and good, but if there is a little or no wind the gases are not easily dissipated. A falling barometer and a dead calm are very important factors, and in this case, on January 14th the barometer began to fall, and continued

doing so steadily during the 15th, 16th, 17th, and 18th, which days I looked upon as the incubation period of the epidemic, as there was a dead calm on the 14th, very little wind on the 15th, and still less on the 16th and 17th.

From what I have advanced, I wish it to be distinctly understood I only find these conditions in the patient on a sudden and rapid falling of the glass. A northeast gale may be raging with fury, the glass rising all the time, and during its continuance the patient may be delightfully comfortable, but it is when the storm suddenly subsides and the Mercury runs down the patient is distressed.

On a slowly progressive downward tendency of the glass the patient is not so much affected, as he has had time to accommodate himself, though unwittingly, to the altered circumstances by which he has been surrounded.

Now with regard to treatment. This must be carried out, in my opinion, by each patient having the homœopathically selected remedy suited to his own individual case, as much care being taken in the diagnosis of the medicine as in the diagnosis of the disease. In the majority of the cases, at the time of the attack brandy or whisky or ether, in small doses, will be most beneficial.

The usual cardiac remedies, all of which are so well known to the members present, will, of course, be found useful.

In the intervals, general constitutional treatment will be necessary to so fortify the patient that he may be able to battle with the trouble to which his peculiar idiosyncrasy has made him liable.

I do not wish my medical friends to infer I consider all diagnoses are referable to alterations in atmospheric pressure. But I do say, where every other factor is carefully weighed and no satisfactory conclusion is arrived at, the probabilities are that the barometer will settle the difficulty, especially when the disturbance is functional rather than organic.

Professor Darwin, in the article before mentioned, which

was published in February, 1887, says: "It is found that earthquakes are indubitably more apt to occur when there is a rapid variation of the pressure of the air, indicated by a rise or fall of the barometer, than in times of barometric quiescence, and the connection between barometric variations and earthquakes should make us reflect on the forces brought into play by the rise and fall of atmospheric pressure."

Now why should not the human subject be interfered with by these same influences?

Our very familiarity with these changes may easily blind us to the greatness of the forces which are so produced, and I am convinced that many present, if they will take the same trouble and interest in it that I have done, will be equally satisfied.

Though there may not be enough to enlist the interest of the Congress in what I have advanced, I have found it very useful from an ætiological point of view, as well as a help in diagnosis, prognosis, and treatment.—*Monthly Homœopathic Review*, August 1st, 1898.

GUNSHOT WOUND OF ABDOMEN, WITH TWELVE PERFORATIONS—RECOVERY.

BY W. FISHER COLE, M. D., PENDLETON, ORE.

At 12 o'clock on the morning of July 2d I was summoned by Dr. F. W. Vincent to see G. E., who a few minutes previously had been shot through the abdomen by a .38 calibre pistol. The man was ordered to my private hospital. The legal authorities and a clergyman summoned, at the patient's request, as the indications clearly pointed to a serious condition within the abdominal cavity, there being quite a considerable hemorrhage from the wound of entrance and marked distension of the abdomen.

The patient was hastily prepared for operation by the usual

aseptic method. The wound of entrance was located two inches below and three inches to right of umbilicus.

The point at which the bullet was removed was one-half inch above and six inches to left of umbilicus.

The abdomen was opened in the median line with escape of considerable blood and fecal matter. On bringing up a loop of intestine, a perforated portion was found, cleansed, sutured and returned. This method was followed until twelve perforations had been closed. In two places the bullet had passed along the length of the intestine, tearing ragged holes an inch in length, severing the mesentric artery, from which blood spurted at every impulse of the heart.

The bleeding points in the mesentery were tied with silk and the perforations closed by silk suture.

The Murphy button was not used, owing to the fact that it would have necessitated an extensive resection, and also my previous successful experience with a gunshot wound of the abdomen with four perforations, led me to hope for a more favorable result in the use of the Lembert suture.

Twice during the operation work had to be suspended on account of the embarrassed respiration, it being necessary to carry the anæsthetic to an extreme degree to quiet the spasmodic condition present, and to control the escape of intestines from the wound.

The openings closed, bleeding surfaces ligated, the peritoneal cavity was cleansed first by means of sterilized gauze pads, then flushed with hot saline solution, and again carefully sponged, until the pads returned practically dry and unstained. The abdominal wound was then closed by means of silkworm-gut sutures.

The patient was removed from the table with a pulse of 160 and evidence of considerable shock. Artificial heat was applied and in two hours he had rallied sufficiently to ask concerning the operation. No food or drink was allowed for twelve hours, at the expiration of this time the patient was

allowed small amounts of Trophonine and ice water, with a few drops of essence of Peppermint. The food for the first fifteen days consisted of Trophonine and malted milk.

Action from the bowels occurred on the afternoon of the fourth day after the operation. The highest temperature was $100\frac{1}{2}$ on the morning of the second day. Wound healed by first intention.

Patient left hospital four weeks from date of operation without any apparent inconvenience from his experience.

I was ably assisted in the operation by Dr. F. W. Vincent, of this city.—*Medical Sentinel for October.*

REPERTORY OF THE BACK.

E. H. WILSEY, M. D., PARKERSBURG, W. VA.

(Continued from October No., p. 452.)

SCAPULÆ.

Chest, stitches from chest to scapulæ, Ox-ac.

— shooting from inner angles of left scapula to front of chest, Naja.

— cutting from point of left scapula through chest to middle of sternum, Thuja.

Chill, pain under scapulæ with chill, Sang.

— pain along inner border of right scapula, with heat and chills alternating and extending to kidneys, where there is heat and pain, Sang.

Chills or creeping along back between scapulæ; hard pressing pain in fourth cervical vertebræ, *Lac-def.*

Chilliness, cutting and stitches in scapulæ, Alumina.

Clavicle, pain in left scapula, also under clavicle and down arm, with feeble pulse, Aspar.

Clucking in muscles of left scapula, Asaf.

Cold pressure on lower end of left scapula, Plat.

— tearing in left scapula as from a cold, Sepia.

SCAPULÆ.

Cold pain in scapulæ, with sensation as if a small piece of cold iron pressed against it, *Phyto*.

Continuous dull, heavy pain in left scapula, *Cund*.

Contractive pain between scapulæ when standing, *China*.

— pain from superior angle of scapulæ, drawing shoulders back tight as if bones would be crushed, *Medor*.

Cough, pressing pain in scapulæ with cough, *Corallium*.

— pain below left scapula with cough, *Sticta*.

— with pain in sternum, darting back through to between scapulæ, *Kali-b*.

Coughing, scapulæ pain when coughing, *Sul*.

— pain between scapulæ when coughing, *Stram*.

Cracking, frequent returning pressing cracking pain on left posterior side of neck near scapulæ; not changed by any motion, *Spong*.

— in scapulæ on lifting arm, *Anac*.

Cramplike drawing pain in muscles of neck, down into the scapulæ in evening after lying down and in the morning; worse by stooping or turning head to left, *Ant-c*.

— pinching in intercostal border of right scapula, with a kind of a pressing stitch from left side of occiput to forehead, *Chelidon*.

— sudden pain in left scapula, *Baryta-c*.

Crampy pain cutting through left side of chest and scapula, *Nat-m*.

Cutting in left scapula, *Diosc*.

— in left scapula; better by motion, *Merc-i-fl*.

— under left scapula, *Thuja*.

— under left scapula after dinner, with pressure in stomach, *Hyper*.

— cramplike pain through left chest to scapulæ, *Nat-mur*.

Darting, from left scapula to shoulder and mammæ, *Grat*.

Deep, sharp pains in lower portion of left scapula at 1 P.M., followed by sharp pain through centre of right lung, *Diosc*.

— seated pain in right scapula, preventing motion, *Ailanth*.

SCAPULÆ.

- Deep** seated pain below point of scapula, worse toward left side, worse when sitting, especially when riding, Fluor-ac.
- Dinner**, shooting in right scapula after dinner, Nat-c.
- heavy pain under left scapula after dinner, Physos.
- Dislocation**, pain in scapulæ, as from dislocation, China.
- Dorsal**, violent pain in upper three dorsal vertebræ, extending through scapulæ, *Kalmia*.
- pain in dorsal region of left scapula, Cajup.
- Drawing**, in scapulæ, Sarsa.
- between scapulæ, Thuja,
- along base of left scapula, Senega.
- and tearing in left scapula, partly toward back and partly toward shoulder, Stann.
- between scapulæ at night during menses, Sil.
- in calves and scapulæ, Nitr-sp-d.
- in right scapula, worse by motion, Sul.
- compressive in region of scapulæ, Ran-scl.
- in nape, extending to right scapula, Xanthox.
- and pressing in scapulæ, Kali-c.
- pressure in right scapula, then in left, Tell.
- in and near right scapula in evening, Lyco.
- and tearing in the right scapula, compelling him to breathe deeply, Nat-m.
- pressure near spine beside left scapula, at times into nape, Sepia.
- jerk-like in right scapula, extending to hand, Plat.
- and tearing in scapulæ, *Caustic*.
- pain in right shoulder, Euphor., Nat-c.
- contractive pain from superior angle of scapulæ, drawing shoulders back tight, as if bones would be crushed, Medor.
- pain in nape of neck and scapulæ, Sul.
- pain in right scapula evenings, on going to sleep, Sul.
- paroxysmal pain in scapulæ, then in nape and head, when she became dizzy, Sil.
- painless drawing in left scapula, *Squilla*.

SCAPULÆ.

Drawing pain on inner border of right scapula, *Carduus*.

— pain on outer border of left scapula, *Carduus*.

— pain from right scapula down back when driving, *Carduus*.

— pain in scapulæ, *Cham*.

— pressive pain between scapulæ, *Calend*.

— pain between scapulæ, necessitating lying down, *Ars*.

— aching pain in shoulder joints and in left scapula, *Ptelia*.

— piercing pain close under left scapulæ for a few moments while sitting, *Millef*.

— pain between scapulæ, *Calc-c.*, *Diosc*.

— pain between scapulæ, drawing to small of back, *Drosera*.

— a long breath; worse pain under right scapula, *Jug-cin*.

— internally in region of right scapula, as if nerve and vessels were made tense, *Colocy*.

— pain in right scapula, *Con*.

— rheumatism passing from nape of neck to left shoulder, then into scapula, evening while walking out, *Borax*.

— tearing on outer border of right scapula, *Dulc*.

— tensive in right scapula, *Sil*.

— sharp stitches with fine drawing and sensation of heat in scapulæ, *Mur-ac*.

Dull pain under right scapula, near spine, *Chenop-a*.

— heavy continuous pain in left scapula, *Cund*.

— pain between scapulæ, *Phos*.

— pain along inner edge of left scapula, worse from breathing, *Sang-c*.

— pain under right scapula, *Indium*.

— sticking pains in shoulder joints, *Staph*.

— pain at inner angle of left scapula in evening, and at inferior angles of both in morning, *Chromic-ac*.

Eructation, sharp lancinating pain close to upper part of right scapula for many days, most painful during eructation, *Zinc*.

Eruption, on scapula without itching, only pains when touched, *Phos-ac*.

SCAPULÆ.

Evening, drawing pain in right scapula in evening on going to sleep, Sul.

— pain in right scapula afternoon and evening, Ver-v.

— dull pain at inferior angle of left scapula in evening, and superior angle of both in morning, Chronic-ac.

Fleas, a vesicle forms on left scapula as from fleas, Amm-c.

Formication in left scapula, Sil.

Fracture, tearing pain as from a fracture in the scapula, with stiffness of back and neck, Nat-m.

Gnawing on scapula, Phos-ac.

— between scapulæ, Nat-c.

— and stitches in scapulæ, Alum.

Gurgling and rolling sensation in right scapula, feeling chilly, Tarax.

Hawking, pressive, now shooting pain beside right scapula in deglutition and in hawking, Caust.

Itching on and between scapulæ, Alumina.

— on left scapula, with small pimples after scratching, Bary-c.

— over right scapula, and over left ribs, Diosc.

— on right scapula, Anagallis.

— stitches on right scapula, Calc-c.

— stitch near right scapula, better by scratching, Cann-s.

— and burning on spot below scapula (right), Pallad.

— violent on left scapula, *Formica-r*.

Jerking pain in left scapula, *Squilla*.

Knot, small inflamed, very sensitive knot on right scapula, not passing to suppuration, Amm-c.

Lancinations constant on border of left scapula toward the axilla so violently that she was startled; attended with rise of heat to head, Zinc.

Lancinating tension in right scapula, Carbo-an.

— pain in the back, extending to right scapula, Lyco.

Mammæ, pain in neck and left scapula, seemingly from left mammæ, Lil-tig.

Margin, pain at outer margin of left scapula, *Chelid*.

SCAPULÆ.

Micturition, during micturition a sensation as if something were running internally in right scapula, *Hepar*.

Morning, tearing in right scapula in morning, *Kali-c*.

— pressure on right scapula in morning in bed, *Nat-sul*.

— pain in right scapula morning when waking, *Ran-b*.

Motion, tensive pain between shoulders during rest and motion as from an adhesive plaster near inner margin of right scapula, *Zinc*.

— deep-seated pain in right scapula, preventing motion, *Ailan*.

— severe pain under lower angles of left scapula; worse from motion or breathing; can't take a full breath, *Cup-ars*.

— pain between scapula and over region of left pelvis during rest, with painful jerking on motion, *Sul*.

— pain as from a sprain in right shoulder only on motion, *Staph*.

— violent pressive pain in left shoulder joint; not better by any motion, *Staph*.

Moving, sprained pain in right scapula on moving arm, *Sul*.

— pain in right scapula, extending across shoulders to clavicle; worse moving arm or head, better by pressure, *Mag-m*.

— pain between scapulæ; worse by moving arms, *Naja*.

— pain in back under scapulæ; worse by moving, *Apis*.

— pain below right scapula; worse evenings after exertion by deep inspiration and by moving right arm, *Ruta*.

— arm or letting it hang down; worse pain in scapula, *Ign*.

Movements, pressing pain between scapulæ when stepping hard or on other movements which concuss the chest, *Senega*.

Muscular pains about lower margins of scapulæ in women who follow sedentary employment, *Ran-b*.

Muscles, rheumatic pain in scapular muscles; they feel tense and swollen, motion is difficult, *Mez*.

Neck, pain in right scapula, running up to neck, *Still*.

— pain in scapulæ and in back, extending into neck with tension, *Coloc*.

— neuralgic pain in neck and between scapulæ, *Tabac*.

SCAPULÆ.

Neck, pain in neck and left scapula, seemingly from left mamma, *Lil-t.*

Neuralgic pain over right scapula, *Anac.*

Oppression, and pressing in right scapula, extending through thorax to sternum, *Chelid.*

Outer margin of left scapula, pains, *Chelid.*

Over left scapula, a pain, *Merc-i-fl.*

— left scapula, an indistinct murmur and purring sound, *Sumbul.*

— right scapula, a neuralgic pain, *Anac.*

— scapula, a pain, as if beaten, *Ars-alb.*

— itching over right scapula and left ribs, *Diosc.*

Overcoat, a sore pain in left scapula, worse on taking off overcoat, *Cyclam.*

Paralytic, tearing across scapulæ, with sticking and paralytic pain in arm, *Cycl.*

— pain in scapulæ, as if bruised when standing or sitting, better by lying, *Asar.*

— pain between scapulæ, and in neck in morning, *Nat-c.*

Paroxysmal drawing pains in scapulæ, then in neck and head when she became dizzy, *Sil.*

Peg, pain, as from a peg driven into left scapula, *Phos.*

Piercing, drawing pain close under left scapula for a few minutes, while sitting, *Millef.*

Pimples, on top of shoulder, with violent itching and burning after scratching, *Kali-c.*

Pinching and shooting in both scapulæ, *Kali-c.*

— pain in left scapula, *Euphorb.*

— after midnight, on motion in bed, *Merc.*

— of flesh of right scapula, *Amm-m.*

Plaster, sensation, as from a pitch plaster, near inner border of right scapula, *Zinc.*

Point, a pain beneath the point of right scapula, *Lauroc.*

Pointed, stitches painful from left scapula to axilla, *Oleum-an.*

Pressing pain in scapulæ, with cough, *Corrallium.*

— pinching, cramp-like pain in internal border of right scapula,

SCAPULÆ.

with a kind of pressive stitch from left side of occiput to forehead, *Chelid.*

Pressing in upper scapular region, with stiffness on sitting still, pain worse on beginning to move, *Indium.*

— pain under right scapula, and between scapulæ, *Lyss.*

— between scapulæ, when stepping hard, or on other movements which concuss the chest, *Senega.*

— and oppressive pain in right scapula, extending through thorax to sternum, *Chelid.*

Pressive pain beneath the scapulæ in the evening, *Sul.*

— violent pain in left shoulder joint, not better by any motion, *Staph.*

— wandering pains in dorsal muscles, below scapulæ, *Brom.*

— pains between scapulæ, which seem to come from posterior walls of stomach, *Arn.*

— drawing pain between scapulæ, *Calend.*

Pressure, pain in right scapula, extending across shoulders to clavicle, worse on moving arm or head, better by pressure, *Mag-m.*

— pain between scapulæ, as from a sprain and extending forward into chest, *Petrol.*

— pain below right scapula, extends over a spot as large as the palm, *Ruta.*

— tensive upon a small spot upon the back by border of right scapula, *Zinc.*

— in left scapula, *Kali-c.*

— on right scapula, *Aur-m-nat.*

— in scapulæ and nape of neck, *Coccul.*

— on right scapula in morning in bed, *Nat-s.*

— sharp on upper border of right scapula and clavicle, *Bism.*

Pricking and burning in left scapula, *Fluor-ac.*

Prickling in left scapula, extending to the left shoulder, *Gin-seng.*

— tingling in region of left scapula at 2 P. M. with lameness of muscles, *Apoc-can.*

SCAPULÆ.

Pulling in the scapulæ, *Copaiva*.

Pulsating undulating in a spot below left scapula in p. m., causing a jerk through the whole body and forcing him to hold his breath with sensitiveness to touch, he was forced to stop speaking because the pain took away his breath, *Sul*.

— and beating in upper edge of left scapula, *Kali-c*.

Quivering in skin of scapula, *Sil*.

Raising, pain in left scapula, worse by raising left arm ; between scapulæ and in lower part of chest, *Clematis*.

Rawness in right scapula during repose, *Colocy*.

Rheumatic sensation in left scapula when writing, *Carbo-v*.

— pain in right shoulder, *Iod*.

— pain in right scapula and left wrist, *Asclep-t*.

— pain between scapulæ, *Aspar.*, *Bry.*, *Calad.*, *Camp.*, *Lob-i.*, *Lyco-vir.*, *Mag-s.*, *Ran-b.*, *Rhod.*, *Rhus*.

— pain drawing in nape of neck extending into left shoulder, then into scapulæ, evening when walking in open air, *Borax*.

— pain in left scapula, *Graph.*, *Lyco*.

— pain in scapulæ, *Valer*.

— pain in right scapula, *Ambra*, *Mez*.

— pain between scapulæ, better by warmth and worse by cold, *Rhus*.

— pain in upper left scapula after the usual bath, *Carbo-v*.

— pain in scapulæ muscles, they feel tense and swollen, motion difficult, *Mez*.

— pain between scapulæ, can hardly turn in bed, feels beating of pulse when lying down, *Calad*.

— pain in back between inferior angles of scapulæ, *Bry*.

— pain in scapular region, *Carbo-v*.

— pain in left scapular region so he could not raise arm to his head, *Lyco*.

Rheumatism of left scapula and nape, worse turning to opposite side, *Mez*.

SCAPULÆ.

Rubbing, painful tension between scapulæ, better by rubbing, Carbo-an.

Running, sensation during micturition of something running internally in right scapula, Hepar.

Seizing, sensation as if something were seizing her firmly by the scapula, when lifting and carrying with both hands, Phos.

Sensation of pain on inner surface of scapula, *Cicuta*.

Severe pain under the lower angle of left scapula, worse from breathing or motion, cannot take a full breath, Cup-ars.

— pain in or near the head of right scapula, Bad.

— pain between scapula, better by inclining forward, worse from inspiration, it gradually passes around in front to ninth or tenth ribs, Nat-ars.

— pain under the left scapula, Indium., Iod.

— pain about superior margins of left scapula, Jalap.

Sharp pain under left scapula near axilla, Lappa.

— pain in angle of scapulæ, Iodof.

— pain below left scapula on inspiration, Codein.

— pains from under point of left scapula through to left breast, Aletriä.

— alternating dull aching, and sharp pain beneath right scapula, at its lower or inferior angle, Bry.

— pain in left scapula suddenly, Merc-i-fl.

— pain through right shoulder to scapula, Comocladia.

— pain under left scapula, Daphne.

— deep pains in lower portion of left scapula at 1 P. M., followed by sharp pains through centre of right lung, Diosc.

Shooting pain in right scapula, Phos.

— bruised pain in right scapula during motion, perceptible even in the chest, Kali-c.

— and other pains between shoulders and along borders of scapulæ, has to straighten up to be relieved, Bov.

— violent pain as from a sprain in left scapula, extending into chest, Kali-c.

— pain under left scapula, Calc-c.

SCAPULÆ.

Shooting pain in left scapula when resting on one's left arm, Sul.

— violent shooting in lower part of right scapula below the axilla, Mur-a.

— in top of the shoulder at times with itching, Nat-c.

— fine pressing on the lower edge of right scapula, Mur-ac.

— in left scapula, Sepia.

— on right shoulder soon changing into straining, Mur-ac.

— and pressure, tearing in back near right scapula, Kali-c.

— in region of left scapula, from 11.30 till 12 M., Formica.

— in right scapula, electric from left to right, Bell.

— frequent shooting in right scapula, Sil.

— obtuse in left scapula, Kali-c.

— fine shooting in scapulæ extending into side and chest only when sitting, on walking fast it ceases, when walking slowly, chiefly in P. M. and evening, Sepia.

Sore in left scapula, worse by taking off overcoat, Cyclam.

— at point under left scapula, Papaya-vul.

— as if in left scapula when at rest, Coloc.

— along inner border of right scapula, Asar.

— and burning sensation in region of left scapula, worse by inspiration, pressure, and reclining, Carduus.

— in region of scapulæ, Lil-tig.

— intermittent sore sensation on outer border of right scapula, Plat.

Soreness at lower cervical vertebræ and under right scapula, Nat-ars.

— extends over right scapula at 9 P. M., Diosc.

— sensation of pressure on outer border of right scapula, Platinum.

Spot painful in left scapular region, Onos.

Spots, red spots on scapulæ, with itching and bleeding when scratched, Sumbul.

Sprain, pain in left scapula, as from taking cold after a sprain, in morning when turning over in bed, Rhod.

SCAPULÆ.

Sprain, violent stinging pain as from a pain in left scapula, extending into chest, Kali-carb.

Sprained pain in back and scapulæ, extending into chest two or three times a day, arresting the breath, Petrol.

— pain in right scapula on moving arm, Sul.

— pain in muscles of left shoulder and neck as if sprained, on rising from sleep at 4 P. M., Chin-ars.

— pain as from a sprain in right shoulder only on motion, Staph.

— pain in left scapula as from a sprain only on motion, Bary-c.

— pain between scapulæ and forepart of chest on moving arms, Carbo-an.

— pain as if in left scapula, Kali-c.

— pain sudden between scapulæ on lifting a weight, worse in left side with sticking upon slight movement, breathing or yawning, and on bending backward an intolerable pain, Stann.

— pain in region of left side of pelvis and between scapulæ, while at rest, with unbearable painful jerks at the slightest, Sul.

— pain in scapulæ, Nux-v.

— feeling in uppermost muscles of right scapula, on exerting the outstretched arm, Arg-m.

Sticking on inspiration in tip of left scapula, Lauroc.

— in inferior angles of scapulæ, Apoc.

— in shoulders when lifting arms, *Ledum*.

— in right scapula toward axilla when standing at 3 P. M., Lauroc.

— in lower end of left scapula while eating, Phelland.

— periodical sticking in scapulæ, Peonia.

— from right to left scapula, Zinc.

— in outer margin of right scapula, Cina.

— slight pain in both scapulæ, Cocc-c.

— in tip of scapulæ in mornings, Ign.

— in scapulæ, on lifting arm or anything, Iod.

SCAPULÆ.

Sticking in right scapula frequently, *Sil.*

- outward in inner surface of right scapula during rest, *Sambucus.*
- in lower angle of left scapula in morning, *Sul.*
- in superior angle of right scapula, *Colch.*
- in left scapula, *Copavia*, *Hyos.*
- in scapulæ if she works hands a little, *Fer.*
- in right scapula when blowing nose, *Hepar.*
- dull pains in shoulder joints, *Staph.*
- slight sticking pains in both scapulæ, *Cocc-c.*
- beneath right scapula while sitting, *Ox-ac.*
- as if something was sticking below right scapula, increased at first and disappeared after three hours' sleep, *Ars-Hyd.*
- in back, extending to right scapula, *Lyco.*

Stiff pain between scapulæ, *Caustic.*

Stiffness from scapula down the back, *Lyco.*

- in left nape and down left inner scapula, worse after waking and after laughing, *Kali-c.*
- and pain in right shoulder, especially when stretching toward the left side, *Euphor.*
- with pain from neck down to between scapulæ, *Apis.*
- painful in back and scapulæ, *Ledum*, *Alum.*
- upper scapular region a pressing pain with stiffness on sitting still, pains on beginning to move, *Indium.*

Stinging, as from blows and bruises in right scapula when in motion, *Kali-c.*

- posterior lateral margins of scapula, generally on left side, aching, smarting and stinging, *Zizia.*
- in right scapula near spine in morning, *Hyper.*
- in scapulæ, *Peonia.*

Stitch from apex of scapulæ to pit of stomach during fatiguing labor, *Kali-c.*

- dull near right scapula in back, impeding respiration, most perceptible when moving, *Mez.*
- dull boring in left scapula, *Anac.*, *Menyan.*

SCAPULÆ.

Stitch, transient in left scapula and on outer side of right thigh,
Bary-c.

Stitches and pains in left scapula, Graph.

— in right scapula, running to elbow, with burning, Cepa.

— in both scapulæ, *Phos.*

— in right scapula, *Phos.*, Tabacum.

— in left scapula during rest, worse lowering shoulder and turning trunk to left, Amm-m.

— spasmodic stitches in right scapula, worse when sitting,
Ant-cr.

— dull under scapulæ, Asar.

— from chest into scapulæ, Ox-ac.

— frequent on left side of neck, extending from scapulæ to occiput, *Guaiacum*.

— intermittent on inner margin of right scapula, Ratanhia.

— in upper part of left scapula in P. M., with burning of skin in same place, Canth.

— beneath scapulæ which take away the breath, and do not permit stooping, *Sul.*

— in right scapula when blowing nose, hawking or taking deep breath, Hep.

— violent in left scapula, as from needles, Caustic.

— in scapulæ, *Sul.*

— intermittent along left scapula in morning, *Sul.*

— in left scapula and in cardiac region, Calc-c.

— and pressure in right scapula, *Sepia*.

— intermittent in middle of scapulæ toward spine, Stann.

— intermittent in left scapula, Verbasc.

— dull beneath right scapula, Zinc.

— sharp within scapulæ, Calc-c.

— sharp close to upper part of right scapula, most acute during eructation, Zinc.

— beneath left scapula, extending forward into left pectoral region, Zinc.

— extending into the left scapula, Zinc.

SCAPULÆ.

Stitches in left scapula and left breast at intervals, Mancin.

— in scapulæ while lifting something, Iod.

— dull through left scapulæ, coming out through chest in front, Bary-c.

— on inner side of scapulæ, Calc-c.

— severe lancinating pains and stitches posterior right side below scapulæ, much worse from throwing shoulders back and chest forward or any contortions of body, pain at times extorting a moan, Bad.

— under the scapulæ with outward prëssing, Cepa.

Stitchlike pain under scapulæ while stooping, *Jug-cin*.

Stoop, on shoulders and between scapulæ, a drawing, tearing pain so she cannot stoop down, Borax.

Stooping, weakness in region of scapulæ, better by stooping, Alum.

— pain in right scapula while stooping, Cham.

— pain between scapulæ; worse on stooping and in intercostal muscles, Cham.

Straight, pain through from left to right shoulder, *Med*.

Straining, pain as if from straining from lifting, in back and scapulæ after continuous writing with the back bent, Mur-ac.

Supper, aching under left scapula after supper, worse by sitting, Lappa.

Swallowing, pressing stitching along right scapula when swallowing, hawking, or exerting voice, Caustic.

Swollen, as if bruised from right scapula to shoulder joint, Berb.

Tearing intermittent shocks on outer side of right scapula, Dulc.

— in top of right shoulder, while fingers go to sleep, awakes her at 3 A. M., Nitrum.

— in right shoulder joint, extending to scapula on pressing arm downward, Mag-m.

— on top of shoulder, down in right scapula in morning, Mag-carb.

— stitches on posterior border of right scapula, Guaiacum.

SCAPULÆ.

Tearing on the right side of scapula, Mez.

— in upper part of scapulæ, in bone, Merc-c.

— through scapulæ and lung, Diosc.

— in left scapula, better by friction, Phos.

— along crest of right scapula, with tension, Raphanus.

— in right scapula, Caustic., Zinc., Phos.

— on head of left scapula, worse by motion, Staph.

— beneath right scapula, Dig.

— in upper part of left scapula, when sitting, better when rising from seat, in glenoid cavity of scapula, extending to clavicle, Arg-m.

— beside the scapula, Lyco.

— in lower angle of scapulæ, from 2 P. M. till evening, when sitting still, better by moving, Alum.

— in left scapula, Thuja, Alumina.

— in right scapula, then in hip, Mag-m.

— in left scapula, when sitting, Manganum, Sul.

— in scapulæ, worse in right, Lach.

— violently in left scapula, on bending back the arm, Carbo-v.

— in right scapula, in the morning, Kali-c.

— severe in both scapulæ, Mag-m.

— and single tearing pains in the top of the shoulder, and pain in the left shoulder being at times so intense that she thinks she will die, Nat-carb.

— pain on left scapula, while sitting with body bent forward, Phos-ac.

— pain across scapulæ, with sticking in arms, Cyclam.

— pain between scapulæ, Anac.

— violent tearing pain between scapulæ, Sil.

— gnawing, shooting below scapulæ, Agari.

— pain under scapulæ when walking, Sul.

Tension, and pain in scapulæ and back, extending into neck, Coloc.

— and pain between scapulæ, Rhns.

— and pain between scapulæ, better by rubbing, Carbo-an.

SCAPULÆ.

Tension, under both scapulæ when at rest, much worse by raising arms, *Con*.

— and pain between scapulæ in forenoon, *Alum*.

— externally, near left scapula, *Merc-c*.

— in left scapula, as from a drawing-plaster, *Lyco*.

Tensive pain between scapulæ, when lying or moving, *Sul*.

— pain, with boil on right shoulder, *Nitrum*.

— pain above right scapula, *Cicuta*.

— pains in right shoulder diminished in walking, but greatly relieved by rest, *Euphor*.

Thobbing pain between scapulæ, *Merc-i-fl*.

— pain in right scapula, *Merc-i-fl*.

— painless, that ends in trembling in scapulæ, *Merc*.

Tickling, stitch in middle of right scapula, *Dulc*.

Titillation agreeable on outer border of right scapula, *Dulc*.

Twinging in lower end of left scapula, on constriction, *Chellid*.

Twitching under left scapula, *Thuja*.

— and rumbling in some parts of scapulæ and above right knee with contractive sensation, *Rhus*.

— in both scapulæ and on chest, *Calc-c*.

— in left side by scapula, when sitting, *Rhus*.

— pain in left scapula, extending into top of shoulder while sitting, *Phos*.

— and dull pain in top of shoulder as if he had borne a heavy burden, *Mez*.

Tumor on inner part of right scapula, red externally, soft in centre, *Carbo-a*.

Ulcer, sensation as if there was an ulcer on right scapula, *Cicuta*.

Under, aching under lower angles of right scapula, *Conval*.

— aching under point of left scapula, upon lifting arm, *Conval*.

— broad stitches as with a knife under left scapula near spinal column independent of breathing, *Cup*.

— scapulæ, great heat, *Elater*.

— left scapula, a twitching, *Thuja*.

VACCINATION IN THE LIGHT OF THE ROYAL BRITISH COMMISSION.

M. R. LEVERSON, M. D., FORT HAMILTON, L. I., N. Y.

(Session of June 18th, 1890. Continued from Oct. No., page 440.)

Q. 9,964 describes a vaccinal disaster at a place called Motte aux Bois, near Hazebrouck, not far from Lille. From the *Bulletin de L'Academie de Médecine*, No. 37, Dr. Decouvelaere, of Hazebrouck, on the 14th of August, 1889, informed the academy that he had been called to attend a number of children vaccinated thirteen days previously, July 31st, 1889. Out of thirty-eight children vaccinated, thirty-seven presented lesions to which at that time M. Decouvelaere did not attribute a syphilitic character, but seven days later he made known to the academy new facts which had dissipated all his doubts, and which seemed to him to show the truly syphilitic nature of the accidents observed. These variations in diagnosis are unavoidable. On August 25th there were forty-three victims. "The accidents broke out on the eighth or tenth day after the vaccination. On all the children the vaccine had been inoculated by three punctures on one arm only." The vaccine vesicles seem to have appeared on the second or third day. "They were very early the seat of violent inflammation; they rapidly increased in volume, and, with very few exceptions the three vesicles at the end of eight or ten days were charged in the case of each subject to suppurating wounds, the evil appearance of which quickly aroused the parents of the vaccinated children." M. Decouvelaere says: "The least ill exhibit three hermetic* ulcerations the size of a fifty-centime piece. The base of them is of a grayish color, the edges hard, elevated, regular and surrounded with an inflamed aureole more or less extended. Others worse attacked presented larger ulcerations suppurating freely, the edges serrated and irregular, with surrounding inflammation

* Qy. Hermetic?

deeper and considerably more extended; œdema of all the limbs. Others, the most ill, confluent ulcerations forming one wound on the outer region of the arm. Abundant suppurative and considerable œdema. In some cases the erythema produced by contact with the discharge seemed covered with a false skin. In one child the ulcerations had run together and attained the dimensions of a five-franc piece." On August 25th M. Hervieux reports: "Their surface—(*i. e.*, those not cicatrized) was generally smooth pimpled, of a bright red color, like that of a blister, sometimes uneven, grayish, and of unfavorable aspect. The edges which seemed depressed and as if full when the ulcers progressed towards cicatrization, were on the contrary elevated and breaking out in little spots in the case of those whose vaccination wounds had not yet yielded to treatment." There was a great *abundance*, and in some cases a *fetid* suppuration. On a certain number of children pressure of the ulceration disclosed the existence of *an indurated circle* like a ring or belt of leather, but more often, at least at the time M. Hervieux made his examination, the existence of the circle seemed fleshy (or sticky), as if œdematous. In two or three cases a thick, yellowish scab was formed, covering the subjacent ulcer and enclosing it like the glass of a watch. [Compare any good description of the Hunterian chancre.—M. R. L.]

Q. 9,965. In spite of all the above, M. Hervieux goes on to express his faith in vaccination, and

Q. 9,966. Mr. Fournier gives a summary of the cases, and suggests that these disasters are cases of *ulcerous vaccination*. But a woman whose fingers were probably infected with vaccinal pus showed at the corner of the lower eyelid after having rubbed her eye *an ulceration resembling a chancre*. [And after all, if the patient is made seriously ill, the constitution invaded and of necessity the vitality lowered, what does it matter to him by what *name* the nosologist may choose to designate his malady? —M. R. L.]

Q. 9,967. The next point is the cutaneous symptoms following vaccination at Elberfeld. In *Le Progrès Medical*, No. 44, Vol. VIII, November 3d, 1888, p. 323, it is said: "Dr. Pourquier read

a paper on 'The cutaneous symptoms consequent upon animal vaccination, the causes, the influence on the culture of the vaccine matter, and the means for preventing them.' Similar symptoms have been observed in Germany by Protze of Elberfeld. In Germany there were eight hundred infant patients who had all been vaccinated from the same two calves. Ulcerations developed on the surface of the pustules, then there appeared some vesicles resembling the phlyctaena of the pemphigus; these burst and were replaced by yellowish crusts." "Dr. Pourquier states as the result of researches made on bacteriological culture that these epidemics are due to the presence of a micro-organism." [See, on the germ theory, HOMŒOPATHIC PHYSICIAN, Vol. XVIII, pp. 263-269; also *Origines Épidémiques*, by Dr. Boucher, of Saint Servain, France. Nancy, 1896.—M. R. L.]

"Professor Bruardel refers to an epidemic consequent upon vaccination, where a large number of children exhibited impetiginous symptoms; sixteen vaccinated children died in twenty-four hours. The heifer was thoroughly healthy—*i. e.*, before they began to poison it; it was the third collection of vaccine matter which was toxic.

Q. 9,969. Another epidemic, taken from the (London) *Lancet* of December 13th, 1866; it is headed, "Syphilis extensively propagated by vaccination in France." At Morbihan, in a western department of France, severe syphilitic symptoms developed in more than thirty children from vaccination.

Q. 9,970. Puts in a letter from Dr. Robert Brudenel Carter to the *Lancet*. He advocates vaccination, but recommends its postponement till the child is nine or twelve months old, and other precautions, and says: "I am quite aware that there is now a sort of common consent among medical writers to gloss over the evils that may be attendant upon vaccination for the sake of its great and manifest benefits. In this cause I cannot concur," etc. Also quotes from a leading article in the *Medical Times and Gazette*, February 1st, 1878, referring to the discussion on Mr. Hutchinson's cases, then recently brought before the Medico-Chirurgical Society, in which the practice of keeping cases of disasters from vaccination secret was referred to. Mr.

Tebb reports conversation with a professor of surgery at the University of Christiania, who said: "Yes, I have known cases of syphilis; we have had some, but you know we say little about them."

Q. 9,971. Quotes Dr. Ernest Hart's work, *The Truth About Vaccination; an Examination and Refutation of the Assertions of the Anti-Vaccinators*. At page 29, speaking of vaccino-syphilitic inoculation, he says: "During the twenty years in which there has been systematic inspection of public vaccination in England, some millions of vaccinations have been performed, but in no single instance have the government inspectors of vaccination been able, after the most rigid inquiry, to find one single case of syphilis after vaccination."

Q. 9,972. The book was published in 1880.

Q. 9,973-80. Dr. Hutchinson, Professor Michael Foster, and the chairman hasten to show that Dr. Hart's statement refers to England, but (Q. 9,980) in the evidence before the select committee in 1871, besides four hundred and fifty cases of vaccinal syphilis in France, numerous medical witnesses report syphilitic cases. They are found in Sir John Simon's book: "There was an inquiry made by means of circulars by Sir John Simon, in the year 1856, and here are the answers. I have had a summary made out. The report is contained in a blue book, entitled *General Board of Health: Papers Relating to the History and Practice of Vaccination*. Presented to both Houses of Parliament by command of Her Majesty in 1857. These papers contain five hundred and thirty-nine replies from medical authorities." Dr. Schieferdecker "gives an analysis of these replies, and divides those which contain reasons unfavorable to vaccination under four heads, as follows: I. It directly endangers life. II. It nurses and develops latent diseases. III. Children frequently do not thrive so well after as before vaccination, especially during teething, change of teeth and puberty. IV. It introduces new diseases into the system of the vaccinated patient."

Q. 9,982. "Forty-seven of the replies admit that other diseases are introduced into the system by vaccination; twenty admit the inoculation of syphilis, and twenty-two admit ex-

plicitly that health is 'disadvantageously affected by the operation.'"

At the session of the 25th of June, 1890, Mr. Tebb reverts to Mr. Hart's pamphlet published in 1880, with the approval of the Local Government Board, in which it is asserted that "in no single instance have the government inspectors of vaccination been able, after the most rigid inquiry, to find one single case of syphilis after vaccination," and at Q. 9,997, refers to Mr. Jonathan Hutchinson's well-known cases of invaccinated syphilis, which he had published in the *Med.-Chir. Trans.*, 1871 and 1873, and which were well-known to the medical department at the very time they "approved" Mr. Hart's untruthful pamphlet.

Reverting to the session of the 18th of June, Mr. Tebb says :

Q. 9,983. "In the same blue book is a report of the Royal College of Physicians, published in the year 1807, and mention is there made of a report of the Royal College of Surgeons. But while the report of the College of Physicians is printed as part of the case for vaccination, the report of the Royal College of Surgeons is omitted." Mr. Tebb then speaks of the trouble he had had in procuring a copy of the original document which is entitled, "Report of the Royal College of Surgeons of London on Vaccination, with an appendix containing the opinions of the Royal Colleges of Physicians of Edinburgh and Dublin, and of the Royal Colleges of Surgeons of London, of Dublin, and of Edinburgh. Ordered to be printed 8th July, 1807."

Q. 9,984. Describes the formal proceedings of the Royal College of Surgeons of London, and a summary of the results of their investigations, as follows: Number of persons reported by 426 correspondents, 164,381; number of cases of small-pox which had followed vaccination, 56; bad consequences, eruptions, 66 cases; inflammation of the arm, 24 cases, of which three proved fatal.

Q. 9,985-6. (By Mr. Meadows White.) The report of the Royal College of Surgeons was embodied in the report of the Royal College of Physicians, but is omitted in the volume prepared for Parliament by Sir John Simon.

Q. 9,988-90. (By Professor Michael Foster.) The other reports which are embodied in the Report of the Royal College of Physicians of London, are given by Sir John Simon; he only omits the report of the Royal College of Surgeons.*

Q. 9,991. Mr. Tebb next proceeds to consider the connection between vaccination and leprosy. He hoped and used every effort to induce the gentlemen who had advised him upon the subject and who were best informed and most competent to do so to come forward to testify, and "it is only because I have failed in this regard † and in view of its great importance, that he brings the matter before the Commission."

He proposes "to deal with the facts under the following heads:

* Dr. Hart's work, *The Truth about Vaccination*, quoted by Mr. Tebb (Q. 9,971) went through a second, or revised edition, which was published under the approbation of the Local Government Board, yet the statements quoted by Mr. Tebb are contained in it, notwithstanding Mr. Simon's report of 1857, which Mr. Hart mentions with absurd eulogy in his preface as having been largely used by him. Mr. Jonathan Hutchinson's cases of vaccinal syphilis were also well known to the entire profession and were testified to by him before the Select Committee in 1871. At Q. 9,984-90, Mr. Tebb, as we have seen, laid bare the falsification of public records by Sir John Simon in that very report of 1857 which Dr. Hart calls "a masterpiece of medical essay writing." Pretending to report to Parliament the entire report of the Royal College of Physicians of 1807, he did present, as parts of it, the reports of the Royal Colleges of Surgeons of Edinburgh and Dublin, and suppressed the report of the College of Surgeons of England which also formed part of the report of the Royal College of Physicians of England, and is *the only one of all* the reports which was made *after investigation*.

Such instances of direct fraud and falsehood are not exceptional, and have been paralleled in the United States. One of the saddest features of the history of vaccination is the unveracity it has developed on the part of a very large number of its official defenders, and the degradation of the medical profession consequent upon the establishment of a State Medical Church.—M. R. L.

† It appears from Mr. Tebb's work, *The Recrudescence of Leprosy* (Swan Sonnenschein & Co., London), a volume of over 400 pages, dedicated to the Royal Commission, that the information he secured was obtained in most cases from officials high in the service of the British Government. The fact that they could not be induced to testify before the Commission, furnishes some slight indication of the sort of terrorism exercised by officialism in England. Every physician in the United States who has had the courage, after investigating vaccination, to come forward publicly as its opponent, has had to suffer something of the like persecution.—M. R. L.

1. The serious increase of leprosy. 2. Evidence that leprosy may be propagated by inoculation. 3. Evidence as to its diffusion by vaccination."

As all these matters are fully discussed by Mr. Tebb in his work, *The Recrudescence of Leprosy*, and as unlike the British Blue Books, this work is readily accessible *and very readable*, the Editor presents only the more important portions of Mr. Tebb's testimony on this subject.

With regard to the first; the sources of his information as to the Virgin Islands, the Leeward and Windward Islands, and to British Guiana, are: governors, medical practitioners, superintendents of leper hospitals, prison chaplains, and editors of newspapers.

In some islands, such as Jamaica, St. Kitts, and Trinidad, there are leper communities which are gradually increasing.

Q. 9,993. The leper asylum at Mucurapo, Port of Spain, Tinidad, visited in February, 1889, contains 180 patients, admirably cared for by the French Dominican sisters. Dr. Rake, the medical superintendent, in his report to the Surgeon-General for 1887, says: "The new infirmary at the asylum was opened in August last, and was quickly filled." A new one was to be built at once. At the asylums at Mahaica and Gorchun there were about 500 lepers, and according to the Berbice paper, where the asylum is located, the accommodation was insufficient, and lepers in the worst stages of the malady were to be seen daily in the streets and byways.

As to British Guiana, Dr. C. F. Castor, in his report to the Surgeon-General of the Colony for 1887, says that leprosy is spreading very considerably. Mr. Tebb reports conversations with various medical officials in Guiana, with Governor Haynes Smith and others, to the same effect.

In a leading article in the *St. Christopher Gazette* (St. Kitts), May 17th, 1881, entitled "The most pressing question in the Colony," the writer quotes Dr. Boon's quarterly report, which he says "clearly and forcibly showed the government the enormous increase in our leper population during the last six years," and the writer attributes such increase to vaccination.

In the *Journal of the Royal Agricultural and Commercial Society*, of Demerara, 1889, Dr. John D. Hillis, for ten years medical superintendent of the leper asylum, Mahaica, British Guiana, gives emphatic testimony to the alarming increase of leprosy in that colony.

Governor Wm. Robinson, of Trinidad, writing to the Secretary of State from Government House, May 9th, 1889, says, that after fifteen years' residence in the West Indies he fully corroborates Dr. Rake's statement that leprosy is on the increase. Mr. Tebb's next point is, is leprosy inoculable? It is not necessary to discuss this question to a medical audience, unless, indeed, some one of the numerous readers of THE HOMŒOPATHIC PHYSICIAN should have the hardihood to deny it.

One medical man did once have the courage to deny to me that Sydenham ever said, "if no mistake be made by physician and nurse, small-pox is the lightest and safest of all diseases," but he was not a reader of THE HOMŒOPATHIC PHYSICIAN. There is also considerable evidence tending to show that, apart from inoculation, leprosy is not contagious. Testimony is then given as to the enormous increase in leprosy in the Sandwich Islands, a fact of the deepest significance to us, now that the annexation of those islands has become an accomplished fact, and Dr. Edward Arning, who came from Hamburg to investigate the causation of the increase of leprosy, in his report to the Board of Health, Honolulu, dated Nov. 16th, 1885, says: "Closely allied to the inoculation question is the subject of vaccination. * * * There have been, if my information is correct, unquestionably new centres of leprosy developed after vaccination was practised."

In a summary of reports furnished by foreign governments to his Hawaiian Majesty's authorities as to the prevalence of leprosy in India and other countries, and the measures adopted for the social and medical treatment of persons afflicted with the disease, are the following extracts from the *Medical and Surgical Journal*, April, 1880: "Vaccination was also inquired into. Alarmed by an invasion of small-pox in 1853, a general vaccination of the whole population was ordered, and physicians being

at that time very few on the islands, non-professionals aided in the work. It is charged * * * that not only syphilis, but also leprosy was greatly increased." In his handbook on the *Diagnosis of Skin Diseases*, 1880, pp. 284, 285, Dr. Siveing writes: "Leprosy has within the last thirty years been imported and spread rapidly among the natives of certain islands (the Sandwich Islands) *where it was before quite unknown.*"

Dr. Robert Pringle, Surgeon-Major late Sanitary Department Her Majesty's Bengal Army, says in a letter to the *London Times*, June 12th, 1889, "Knowing what I do about the infection of small-pox, I am amply justified from a careful study of small-pox inoculation and vaccination during the whole of my thirty years' Indian service, in stating that unless prompt and stringent measures are taken in Bombay, leprous inoculation will become far more possible and hence probable than it may appear at present."

Mr. Tebb next quotes a lecture by Sir Wm. Moore, late Surgeon-General Bombay Staff and Head of the Medical Department, Western India, given at King's College Hospital (No. 38 of the Hospital Association pamphlets, pp. 2, 3), in which a number of cases of the inoculation of leprosy are given. He also quotes the report of Dr. Heidemstam, chief medical officer for Cyprus sent by the High Commissioner Sir Henry Bulwer to Lord Knutsford, and presented to Parliament, March, 1890, also showing that leprosy is a strictly inoculable disease.

VACCINATION CAUSES CONSUMPTION.

WM. B. CLARKE, M. D., INDIANAPOLIS, IND.

The *Medical Century* considers it an "absurd claim" to intimate that vaccination causes consumption. As I advanced the "absurd" claim in THE HOMŒOPATHIC PHYSICIAN, it is now in order to adduce authority for the statement.

It is certain that scrofulous and tuberculous diseases have increased since the introduction of cow-pox, and that the vaccine virus favors particularly the prevalence of various forms of scrofula.—*Copland's Medical Dictionary.*

That tubercle or scrofula can be engendered or intensified by vaccination is no new theory. Dr. Squirrel suggested the idea some seventy years ago, and the experiments of Cohnheim, Fox, and Toussaint confirm his hypothesis. That the danger is a real one seems almost affirmed as a scientific fact.—*Winterburn's Vaccination*, page 136 (experiments and statistics afterward cited).

Consumption follows in the footsteps of vaccination as directly as an effect ever follows a cause. The vaccine poison being the product of decaying animal tissue and often tuberculous in character, must naturally produce its like wherever it finds the suitable opportunity.—*Dr. Alexander Wilder in The Metaphysical Magazine*, May, 1898.

The Medical Times and Gazette, London, as long ago as January 1st, 1854, called attention to the fact that consumption had widely spread since the introduction of vaccination.

Vaccination is a poisoning of the blood.—*Dr. Constantine Hering*, 1878.

Dr. Nittinger, of Stuttgart, testified before the Royal Vaccination Commission to the widespread causation of disease, including phthisis, by vaccination.

Dr. Charles Creighton cites twelve cases of consumption that within his knowledge were caused by vaccination. As he wrote the article "Pathology" in the *Encyclopedia Britannica*, he may be presumed to know a hawk from a hernshaw.

Dr. Perron, of the French Legion of Honor, in an article on vaccination in the army, in the *Gazette Hebdomadaire des Sciences Medicales*, in 1890, says: "In all European armies vaccination is the order of the day. On arrival with the corps the young soldiers are re-vaccinated. Now the military statistics of all countries show an enormous proportion of tuberculosis, especially during the first and second year after enlistment. Tuberculosis shows itself in the garrisons of all countries with frequency before which one might well despair. Whence come these attacks, so sudden, so numerous,

upon subjects that but a few months before were rightly declared fit for military service? We believe we must seek the reason in the vaccination of recruits. If we examine the events of the last century or so we can show a constant increase of tuberculosis, a fact never hitherto satisfactorily explained. Now, in spite of all the incessant progress in public and private hygiene, and material improvements, it tends more and more to rise to the rank of pestilence. If tuberculosis, in spite of all sanitary precautions, has multiplied its attacks during the last hundred years, it is, we submit, because vaccination has come to create for it a propitious soil."

And if the editor of the *Medical Century* must have something more severely "official," I append a resolution adopted at the International Congress of Hygiene and Demography, held at Madrid Easter week, as taken from the *Medical Record*:

"Inasmuch as tuberculosis is easily transmitted by vaccination when it is done directly from the calf, the International Council of Hygiene and Demography asks that in all nations represented at the meeting, the practice should be adopted of using in official vaccination stations only the lymph of calves which have been examined *post mortem* and pronounced to be free from tuberculosis."

Of course this would be rough on the calves and disastrous to our beef supply—nor would it avoid the danger if adopted.

Dr. Fisher may think it "absurd" to claim that vaccination *may* predispose the race toward cancer, but fails to enlighten us as to what it is that has quadrupled the deaths from that disease in the United States and England in the last forty years, and almost doubled them in New York in the last ten, these being official figures. On page 117 of the September, 1898, *Medical Advance*, Dr. Wickens, in an article on medicine in England, states that "the deaths from cancer in England have increased 113 per cent. in the last thirty years."

Many additional testimonies regarding this "absurd claim"

could easily be cited did space permit. Nor have I time just now to devote to the real absurdities indulged in concerning the article criticized.

RESPONSE TO THE TOAST, "HISTORY OF MICROBES."

BY DR. A. M. CUSHING, SPRINGFIELD, MASS.,

At the Picnic of the Western Massachusetts Homœopathic Medical Society, at Forest Lake, Palmer, Mass., Sept. 14th, 1898.

Mr. President, Ladies, and Gentlemen: In coming before you upon this interesting but solemn occasion, I am reminded of the countryman's prayer, who said: O Lord, I am in trouble again. The last time I called on you was about five years ago, when a big bull was chasing me out of a pasture. Then I just yelled for help. I asked for breath and strength enough to get to the fence before the bull did, and I just did it; but the bull's horns perforated the posterior portion of my pantaloons. That was a pe-culiar predicament. I have been thankful ever since that I got to the fence before the bull did and that his horns were not any longer. Now I am in trouble again and want help. I am up a tree without a gun, and just in the edge of the woods is a bear and a catamount growling at each other; and I suppose they will get to fighting some time, and I fear it will not be till after dark, and I dare not get down till they begin to fight. I have been up this tree about three hours, and it is most night, and I want to go home, for the doctor says my baby has got the appendicitis in its throat, and I suppose my wife is out with a broom looking for me. All I ask is that those animals may get to fighting pretty soon, and I will get down and run for home and ask no more favors."

Now, Mr. President, I am up a tree without any gun. If some one will get up a little excitement outside, I will down

and start for home, and be thankful if I only get to the depot; if not—I must give you a history of microbes!

In the forty minutes allotted me you must not expect me to give you a microscopic description of all the varieties of microbes. When microbes first came on the market I did not believe in them. I thought they were a *hum-bug* instead of a worm; but when I found so many people interested in them, I decided to investigate, and found there were a great many—large and small. There are some so small we have not found them yet. We have not got a thermometer that goes high enough. I have been looking for one kind several years, but have not found it. I think I will have to get a gold-bowed microscope. When I found how many microbes there are, I decided to make a microbe-killer. I thought it would be a great professional and financial success; but before I got it finished, I concluded if the Almighty wanted to kill a man, he would take something larger than a microbe, as he had a plenty of larger things. Then I thought that possibly those little things were not made to kill us, but were for our good. As I could find no one who knew anything certain about it; right in the face of a big Klondike fortune (which is usually a failure or death), I abandoned the whole thing—a great loss, no doubt, to the world and to me.

It is wonderful how many microbes there are. I doubt if a majority of people mistrust how many microbes there are. They are everywhere. When they get to running around in a man's head, they say he has wheels on his brain. If they get into his flesh, they say he has rheumatism. If they get into his feet, they say he has gout. If they get to sitting on his toes, they say he has corns. If they crawl into a hollow tooth, they halloo for a dentist. If they get to singing psalms in one's ears, they think they have been taking Quinine. If a stray one gets into the eye, they say they have strabismus. If they get to telegraphing on the facial nerve, they say they have "*tic-dolly-roo*." If they get to playing lawn tennis in the nose, they say we have hay-fever. If they

get to dancing on the tongue, it raises mischief in the neighborhood, for the tongue can't be kept still. If it is a man's tongue, it kills him, sure. If they get to raising young ones in the throat, they say we have diphtheria. If they try to stop the heart beating, they say we have "angelina petroleum." If one gets crosswise in a bronchial tube, they call it bronchitis or pneumonia. If they get packed into the liver, they say we are bilious. If they get to raising the wind—in the stomach, they say we have gas, or gastritis, or gastralagia, or gastrodominoes, or dyspepsia. If they get to running bicycle races in the bowels, they say we have diarrhœa; if there is a bad accident, they call it dysentery.

We have had these microbes a long time; ever since Adam ate that first wormy apple. More than *fifty years ago* I saw microbes crawl right out of old cheese, and hop and jump and "skipper" around the table. When I was a little boy—I never was a little girl, for my mother would not be starved nor stall-fed for the sake of having a little girl, she did not believe in that nonsense and I was glad of it; so I was a little boy. When I was a little boy, children had microbes. I had them, sometimes five or six inches long, and had to take "Pink and Seeney." My mother had microbes; she had eight. I was one of them. That is all I know about microbes.

THE medical officer to the Moss Side District Council (Manchester) has called special attention to the high mortality from summer diarrhœa. The prolonged high temperature has no doubt, he says, had a great influence in producing the disease. High temperature of the air has been proved, however, to bear only an indirect relationship to its occurrence. Pollution of the soil by dead organic matter, neglect of the removal of dry refuse, and, as the result, the pollution of the air we breathe and of food, are the most essential and most prevalent factors in producing summer diarrhœa. This cannot be too strongly impressed upon householders, and especially upon those who have the care of young children.—*Health* for October.

BOOK NOTICES.

MICHIGAN MONTHLY BULLETIN OF VITAL STATISTICS. Published by the Department of State, Lansing, Michigan. Washington Gardner, Secretary of State ; Samuel A. Kennedy, Deputy Secretary. Edited by Cressy L. Wilbur, M. D., Chief of Division of Vital Statistics.

The thirteenth issue of this publication urges the use of a plan for uniform statistics of mortality for the whole world. It speaks of the action of the American Public Health Association in adopting a uniform system of classification of the causes of death for the three countries represented in this association, namely, United States, Canada, and Mexico, and urges its adoption for the whole world. The system advocated is the Bertillon system. What this system is can be found by perusing this and the previous numbers of the *Bulletin*. The other pages are devoted to the vital statistics of the State of Michigan.

NERVOUS DISEASES, with Homœopathic Treatment, By Joseph T. O'Connor, M. D., Ph. D. Illustrated. New York : Boericke, Runyon & Ernesty. 1898.

This book is a fine, large octavo of 416 pages, written by Dr. O'Connor, who has been long and favorably known in the profession, not alone as Professor of Nervous Diseases in the New York Homœopathic College and in the New York College and Hospital for Women, but as editor of the *North American Journal of Homœopathy*. The work now before us is "an amplification of the descriptive part of his lectures, and a condensation of the anatomical details introductory to them."

After an introductory chapter there follows a chapter on examination, in which is given a general outline of the methods to be used in determining a case.

Next is given the method of electro-diagnosis. For this purpose diagrams of the different external regions of the human body are given, showing the peripheral spots of termination of the nerves where the poles of the battery may be properly applied.

The anatomy of nerve-fibre of the peripheral nerves is included in another chapter. After that, in the next chapter, on Neuritis, is given a catalogue in paragraph form of the muscles supplied by the peripheral or spinal nerves. This catalogue should be compared with the diagrams before given.

There is a chapter on multiple neuritis. Neuritis depends either upon traumatism or else upon poisoning. This poisoning may be from outside of the body or from the generation of poisons within.

When from without the body it is called exogenous, or simply toxic ; and when from within, endogenous, or auto-toxic. "General exposure to cold," says the author, "may cause suppression of cutaneous activity, and consequent accumulation of toxic (rheumatic?) material within the body, and thus in predisposed cases neuritis may result." He also speaks of neuritis brought about by typhoid fever, diphtheria, tuberculosis, syphilis, gout, rheumatism, diabetes, and pregnancy.

"In Japan a form of multiple neuritis has existed for centuries; it is there known as "kak-ke." Since the rice ration of the Japanese army has been supplanted by wheat flour and an addition of meat the disease has in great part disappeared from the army. The natural inference would be that the disease is due directly or indirectly to faulty diet, but Dr. Albert A. Ashmead, of New York, who spent many years in Japan, and who has investigated the disease, is firmly convinced that it is due to poisoning by carbonic oxide, and he reports a remarkable instance of the outbreak of the disease on board a ship sailing from the Philippine Islands, bound for New York, and plentifully supplied with good food. Bad weather caused exposure and fatigue, and the cargo of unrefined sugar began to ferment, giving off carbonic dioxide, so that the crew were evidently poisoned, and the most virulent form of multiple neuritis attacked the ship's company, causing several deaths. Dr. Ashmead's views have led the writer to insist in every case of neuritis upon a most abundant supply of fresh air."

This same disease is known in tropical South America as well as in India under the name of beri-beri. The writer finds that multiple neuritis is often due to excessive use of alcoholic liquors. The most common form of multiple neuritis is due to it. An elaborate and clear statement of the pathology and symptomatology of multiple neuritis is given, and then follows the treatment, which is, of course, homœopathic. Arnica and Hypericum are the best remedies for neuritis of traumatic origin. Then come Ruta-grav., Rhus tox., Dulc., Ledum, and Apis. When the neuritis is caused by alcohol, *Cimicifuga-racemosa* is the best remedy. Next come *Ranunc-bulb.*, China, and Bry. In chronic cases the best remedies are Ars. and Lach. The remarks upon treatment are too elaborate to be given in full, yet we cannot close our notice of this branch of the subject without mentioning that the author cured a case of post diphtheritic polyneuritis with diphtheria toxine (not anti-toxine) in the 200th potency. This toxine was obtained from Dr. Paul Gibier, director of the Pasteur Institute in New York, and was potentized by Dr. Martin Deschere.

There is an excellent chapter on neuralgia with a list of remedies useful in treating it, though no special indications are given. He refers to *Knerr's Repertory to the Guiding Symptoms* for special indications. The author has had curative results in neuralgia with *Gnaphalium*.

The article upon the different reflexes is excellent, and is well illustrated by a diagram and a chart or map of all the different reflexes.

The description of the diseases of the spinal cord is very elaborate and good. It is needless to discuss it. In the treatment of locomotor ataxia the author, taking the statement of Erb that tabes dorsalis, of which locomotor ataxia is the symptom, is due always to syphilis, thinks that the best remedy is Syphilinum.

He has given Syphilinum 200 and higher with marked improvement. Different prescribers are quoted as having good results with different remedies. Thus Bœninghausen cured four cases with Aluminium-metallicum. The author does not mention Nux-vomica as a good remedy in this disease, yet the editor of this journal has had excellent results with Nux-vom. 200. He has seen six undoubted cases in thirty years' practice, and having found Nux-vom. indicated in most of them has

given it with great benefit. Paraplegia, multiple sclerosis, diver's paralysis, tumors of the spinal cord, and spinal irritation are treated of, in the next twenty-five or thirty pages, and then comes an elaborate study of the cranial nerves for the purpose of properly representing the character of ophthalmoplegia, oculo-motor paralysis, facial hemiatrophy, facial paralysis, and Ménière's disease.

Diseases of the brain are given, being preceded by a description of the minute anatomy of the brain, finely illustrated by wood cuts. These descriptions of diseases are followed by superficial statements of the remedies most frequently indicated. Specific indications are not given, the author insisting that every case must be studied from the *materia medica* direct. In this he is entirely right and shows that he is inspired by the true spirit of Homœopathy. A chapter on tropho-neuroses closes the book. We cordially recommend this book as a practical working manual for the active homœopathic practitioner without, however, giving him any opportunities for routine prescribing so detrimental to the patient. Instead, it increases his obligation to study the *materia medica*; and this is a commendation that cannot often be bestowed upon books of this class.

CLIMATOGRAPHY OF THE SALT RIVER VALLEY REGION OF ARIZONA, THE LAND OF HEALTH AND SUNSHINE. By William Lawrence Woodruff, M. D., of Phoenix, Arizona. Chicago. R. R. Donnelley & Sons Co., Plymouth Place and Polk Street. Price, paper, 25 cents. Cloth, 50 cents.

This little book is a reprint of an article by Dr. Woodruff which first appeared in *The Hahnemannian Monthly* for December, 1895, was reprinted in *The Scientific American Supplement* for January, 1896, also in *The Sanitarian* for May, 1896, and *The Arizonian* for January, 1896. The book is intended, as stated on the title-page, for physicians and laymen and as a fund of information for the invalid and the home seeker.

The particular section of country of which it treats is claimed to be the most healthful in the world. The climate appears to be reasonably dry, the record for humidity averaging only thirty per cent. and sometimes far below that point. In this salubrious climate fevers and bowel troubles among infants during hot weather are almost unknown. Sunstroke is unknown. People suffering from insomnia and nervous prostration are greatly benefited.

The valley has everything that goes to make up a perfect winter home. It has the minimum of rainfall, 7 inches per annum; the minimum of atmospheric moisture, 30 per cent.; the minimum of air movement, $2\frac{1}{2}$ miles per hour, and that generally from the southwest; the minimum death rate, 8.11 per 1,000 inhabitants, the minimum of malaria, there being none; low altitude, 1,100 feet above the sea level and maximum of sunshine.

It has all the merits of Egypt and Italy with none of their drawbacks. It has all that Florida enjoys without her moist, sticky atmosphere and malaria. It has the same balmy air and even temperature as California without her fogs, dampness, and malaria. It has the dry, bracing air of Colorado without her blizzards and high altitudes.

"In this favored spot, the sun-kissed valley of Salt River, you will find a haven of rest and safety for the invalid that fills all requirements, and the like of which does not exist in any other portion of the known world."

Tables of temperature are given and charts of isothermal lines. Thus the physician who desires to send his patient to a favorable climate has in this little volume a handy and reliable guide, the advice of which he can take without fear of making a mistake.

BRITISH, COLONIAL, AND CONTINENTAL HOMŒOPATHIC MEDICAL DIRECTORY, 1898. Edited by a member of the British Homœopathic Society and Dr. Alexander Villers, corresponding member of the British Homœopathic Society, London. Homœopathic Publishing Company, 12 Warwick Lane, Paternoster Row, E. C. Price, 2 shillings, or 50 cents.

This is the fourth yearly issue of this useful little book. It is intended, as the name shows, to be a guide in selecting homœopathic physicians in the different countries of Europe. It has been most carefully edited, the continental part being under the charge of that distinguished homœopathist, Dr. Alexander Villers. Physicians whose patients are traveling in Europe, and who wish to direct them to the care of homœopathists during their stay abroad, are recommended to possess themselves of a copy of this book.

SAW PALMETTO (SABAL SERRULATA, SERENOA SERRULATA). ITS HISTORY, BOTANY, CHEMISTRY, PHARMACOLOGY, PROVINGS, CLINICAL EXPERIENCE, AND THERAPEUTIC APPLICATIONS. By Edwin M. Hale, M. D., author of *New Remedies, Practice of Medicine*, etc. Philadelphia: Boericke & Tafel, 1898. Price, cloth, 50 cents; by mail, 55 cents.

The Editor of this journal owes the publishers an apology for not noticing this book before. The great number of books awaiting notice is, however, the cause.

Saw Palmetto is a drug that has been before the profession for some years, but only in an empirical way. There have been no authentic provings to entitle it to a place in the materia medica. Dr. Hale has sought to remedy this defect.

The writer has never been satisfied with the work of Dr. Hale in building up the materia medica. It has always seemed superficial. Too much space has been occupied in recording the comments, superficial observations, and chance toxic effects of old-school writers, and too many provings have been made with massive doses, which have prevented any observations of the characteristic actions which homœopathists need in order to prescribe intelligently and successfully. These massive doses produce only gross physiological effects, which are not available in prescribing.

These objections crop out in the manual now under notice. We think it would be well if Dr. Hale would publish a supplement containing provings of dynamic preparations. Then the work would be complete.

JOURNAL OF SUGGESTIVE THERAPEUTICS. 211-212 Times-Herald Building, Chicago.

The second article on "How to Hypnotize" is the opening paper by the editor in the October number of *Suggestive Therapeutics* (Psychic Publishing Company, 211-212 Times-Herald Building, Chicago), in which the author seeks to demonstrate that there is no such thing as hypnotic control. A paper on "Healing During Natural Sleep," by Albert H. Burr, M. D., shows the theoretical principle of this method of treatment. Dr. H. L. True contributes his second article on the "Phenomena of Spiritualism," giving the purport of several "Messages" received in their circles, which are difficult of explanation. "The Relation of Hypnotism to Crime" is ably treated by M. Jules Liegeois, of the Faculty of Nancy, France, in a paper first read before the Congress at Moscow. This paper, which is now translated into English for the first time, is important as presenting the views of the School of Nancy upon this subject. "The Cure of Anemia by Suggestive Therapeutics" is explained by Dr. H. A. Parkyn, and the editor gives in detail his method of treating and curing the tobacco habit, expressing that method in two words—Suggestion and Peanuts! Editorial Notes and Answers to Correspondents complete a very valuable number.

NOTES AND NOTICES.

DR. B. F. BETTS, 1609 Girard Avenue, Philadelphia, having entirely recovered from recent illness, has resumed practice as heretofore: September 15th, 1898.

DR. GUY E. MANNING has removed his offices to Spring Valley Building, over "City of Paris," corner of Geary and Stockton Streets, rooms 106 and 108, San Francisco, Cal. Office hours, 3 to 5 P. M.; Sundays, 11 to 12 A. M. Telephone Black 286.

THE RED CROSS SOCIETY.—The Associate Society of the Red Cross of Philadelphia is maintaining its hospital at Camp Meade. Patients too ill to be removed to the city hospitals are taken there. Its capacity to receive all these cases is inadequate because of the Society's inability to secure experienced women nurses for the nominal sum of sixteen dollars per month. Nurses willing to make the sacrifice and to engage in this laudable work will kindly apply by letter or report to "The Committee on Nurses," 1501 Chestnut Street, Philadelphia. Funds are needed to meet the increasing demands made upon the Society.—*Executive Committee.*

SEE the girls in another column carrying large baskets of grapes to a winery in Portugal for making wine. It is worth reading about. Speer of New Jersey makes wine from the same grape. His wines are unsurpassed by any in the world.

TREATMENT OF BURNS.—Keen and DaCosta (*Practitioner*) claim excellent results from the following use of normal salt solution (one teaspoonful table salt to the pint of water): The injured part is wrapped in absorbent cotton, soaked with normal salt solution, and a bandage applied which contains a trap door for the frequent addition of the solution, and the part put strictly at rest. They claim that pain is

quickly allayed and that granulation is very rapid, while if skin grafts are required the raw surface is prepared. Pozzi uses saturated solution of Potassium-nitrate in the same way and claims rapid abolishment of pain. Haas gives the following recipe :

R	Aristol,	grs. 75 to 150
	Olive oil,	" 300
	Lanolin.	
	Vaselin,	aa " 600

M. Sig.—Use as external application.—*Buffalo Medical Journal*, April, 1898.

APPENDICITIS AND MONEY.—Young doctor: "Did you diagnose his case as appendicitis, or merely the cramps?" Old doctor: "Cramps. He didn't have money enough for appendicitis."—*Life*.

VALUABLE IN CHANGEABLE WEATHER.—People are benefited by the use of Speer's Port Grape Wine, especially ladies. It purifies the blood and makes their eyes shine like stars.

POEM BY THE EDITOR.—The other day while in "our den," these curious lines came from our pen, as we read o'er and o'er again the Poem of the Editor. We thought while writing, 'twould be right to place before the reader's sight these lines, and let him judge aright the Poem of the Editor. Here it is:

THE EDITOR—HIS POEM.

Who weeps with you when you are sad, and laughs with you when you are glad, and swears with you when you are mad? The Editor. Who has to be both kind and wise, and never (hardly ever) lies, and when he does creates surprise? The Editor. Who owns a heart as well as cheek, is possessed of spirit, proud but meek, and lives on forty cents a week?—*Weekly Enterprise*, Hamilton, Va.

To the above THE HOMŒOPATHIC PHYSICIAN adds:

Who waits in patience day by day, and longeth for subscribers' pay, and listens to the printer's lay? The Editor.

FEMALES and weakly persons at this season should use Speer's Port Grape Wine. Physicians recommend it as a strengthening and blood-purifying tonic, and the best wine to be obtained.

THACKERAY'S DAUGHTER AND HOMŒOPATHY.—There is an interesting passage in Mrs. Ritchie's "History of Pendennis," quoted in the *Daily Chronicle Review*, May 17th, which shows a wholesome appreciation of Homœopathy in the Thackeray household:

"When Helen Pendennis, so to speak, lay dying, Thackeray's younger daughter said, 'Oh, papa, do make her well again; she can have a regular doctor and be almost dead, and then will come a homœopathic doctor, who will make her well, you know.' "Pendennis" was dedicated to Dr. Elliotson, who lost his practice through his courage in investigating the phenomena of hypnotism, which was then tabooed by the profession, and has since become so respectable.

Thackeray considered that he owed his life to Dr. Elliotson.—*Homœopathic World*, London, June 4th, 1898.

THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. XVIII.

DECEMBER, 1898.

No. 12.

EDITORIAL.

PULSATILLA sufferings are made worse from letting the affected limb hang down. This is the grand characteristic of Puls., and it is Dr. Guernsey's keynote. Conium is the reverse, the patient is better from letting the affected limb hang down.

Here are some other notes appropriate to this symptom of letting the affected limb hang down. Some are from Dr. Lippe and some independently collected:

Indium-metallicum, pulsation in the foot from letting the limb hang down.

Natrum-carb., aggravation from letting the diseased limb hang down.

Calcarea-carb., epilepsy aggravated by letting the limbs swing or hang down.

Conium, periostitis, with throbbing, burning pain, ameliorated from letting the diseased limb hang down.

Calcarea-carb., ulcers better when keeping the diseased limb elevated.

Pulsatilla has burning, stinging pains. This recalls Apis and Rhus-tox.

Pulsatilla has bruised pains apparently in the bones.

Pulsatilla has rheumatic pains shifting rapidly from one place to another, or from one side to the other.

Lac-caninum has pains which leave one side and reappear in the same place on the other side; then vanishing from the latter place to again appear in the former position.

Lachesis, the pains go from left side to right.

Lycopodium, from right side to left. These last two indications have been repeatedly given before.

Pulsatilla has chlorosis in company with menstrual symptoms.

Pulsatilla is indicated in intermittent fever when coldness predominates. When thirst occurs before the paroxysm comes on. It seldom happens during the fever.

Pulsatilla has rhagades like Sulphur.

The Pulsatilla pus is yellowish green.

Pulsatilla has inflamed varicose veins.

Varicose veins on thighs occurring during pregnancy indicate Ferrum.

Pulsatilla is indicated in slow, phlegmatic, good-natured people. This is its characteristic. It is one of Dr. Guernsey's keynotes.

Pulsatilla is indicated in timid people. This is a characteristic.

Pulsatilla is indicated in people who are easily reduced to tears. This is Dr. Guernsey's keynote.

Pulsatilla is generally indicated in the disorders of pregnancy. This is Dr. Guernsey's keynote.

Pulsatilla generally has no thirst. This is not, however, an invariable rule.

Pulsatilla and Rhus-tox. both have restlessness. The patient lies still for a little while, but soon he must change to a new position. The Rhus-tox. patient is relieved by this change to a new position, for a few minutes. Under Puls. the change does not bring relief.

Puls. and Rhus both have aggravation when first beginning to move, but better after continuing the motion.

The Pulsatilla patient avoids the rays of the sun because of aggravation from heat.

Pulsatilla has amelioration from lying on the painful side; from eating cold food; from vegetable diet; in cold weather, and from uncovering.

It will be remembered that Bryonia has amelioration from lying on the painful side. It is one of the characteristics of Bryonia.

Phosphorus has amelioration from eating cold food. This is a characteristic of Phosphorus.

Pulsatilla has amelioration from walking slowly in the open air. This is a characteristic of Pulsatilla.

Here are some of Dr. Guernsey's keynotes for Pulsatilla:

Suitable for females with blue eyes, affectionate disposition and easily excited to tears.

Cannot sleep in the early part of the night. Sleeps late in the morning.

No thirst. Symptoms worse toward evening.

Relieved in the open air, and worse on returning to a warm, close room.

Erysipelatous affections change from one part to another, inclining to spread far around on the buttocks and thighs.

Hemorrhage from erectile tumors. The blood changes in its appearance. It is more apt to flow in the daytime when walking. It is intermittent in its flow.

The patient is moved to tears in giving her symptoms. Very bad taste in the mouth early in the morning. Scanty urine. Craves fresh, cool air.

Pressure in the abdomen and in small of back as if from a stone, with disposition of lower limbs to go to sleep when sitting and attended with ineffectual desire to go to stool.

Menstrual colic with great restlessness—tossing in every possible direction.

Nothing tastes good and she is pale and feeble.

Burning leucorrhœa, thin and acrid. Milky leucorrhœa, with swelling of the vulva, particularly after the menses. Leucorrhœa of thick white mucus, especially when lying down, before and during the menses.

Tension and contraction in the abdomen as if the menses would appear.

Nausea and sometimes vomiting of mucus. Semi-lateral headache and nightly diarrhœa. Symptoms very changeable. Easily moved to tears or laughter. Very well one minute, very miserable the next. Timid and fearful, and yet very mild, gentle, and yielding. Sometimes silent and melancholy.

Nothing tastes good, or she has no sense of taste.

Menses suppressed or else flowing intermittently.

Lumps appear in the breasts of young girls. They are sometimes very painful, affecting the arm of the same side.

Difficulty of breathing after slight emotions.

Constant chilliness even in summer when warmly clad.

Vertigo. Throbbing headache; pressure in the stomach; pain in uterus; dysuria; bad effects from wet feet; ophthalmia; nervous debility; morning sickness; pain so violent that she tosses in every direction with cries and tears.

Menstrual blood thick and dark, or pale and watery; flowing by fits and starts. Menorrhagia; metrorrhagia; profuse at times, at other times intermitting and mixed with clots. Most profuse in persons given to reveries, and in those at the critical age.

Pulsations in the pit of the stomach.

Bad taste in the mouth in the morning on waking. Has to wash it out immediately, because it is so bad she cannot bear it. Does not relish water and does not drink her usual quantity. Nightly diarrhœa. Watery diarrhœa, at night. Sometimes it is unconsciously evacuated. Discharge of blood and mucus during stool. Pallid face. Disposition to faint.

SOCIETY OF HOMŒOPATHICIANS.

MEETING OF 1898.

THE ORIENTAL, MANHATTAN BEACH, N. Y.,

TUESDAY, JUNE 28th, 1898.

FIRST DAY, AFTERNOON SESSION, 3 P. M.

Meeting called to order by the Secretary, Dr. Samuel A. Kimball, of Boston. Dr. Stuart Close, of the Borough of Brooklyn, New York City, was elected Chairman of the meeting.

Minutes of the last session were read and approved.

The reports of the Secretary, Dr. Kimball, and the Treasurer, Dr. Davis, were received and adopted.

The amendment of Dr. Thurston, striking out Sections 5 and 6 and the last four words of Section 4 of the Declaration of Principles, was adopted.

Dr. Wm. L. Morgan, of Baltimore, an applicant for membership, complying with a requirement of the By-Laws, read a paper before the meeting, entitled, "Some Morbific Agency Inimical to Life: What Is It?"

BUREAU OF HOMŒOPATHIC PHILOSOPHY.

STUART CLOSE, M. D., Chairman.

After reading the Declaration of Principles and Rules for Practice the Chairman announced that the first paper to be read was from Dr. Pease, of Chicago.

It was moved and carried to invite guests to participate in the discussion of papers.

PSYCHOLOGICAL HYGIENE.

BY FREDERICK O. PEASE, M. D., CHICAGO.

In taking up again in a related way the subject of my paper at our last meeting, in which was expressed my thought in

regard to the causes of disease, I do not wish to seem persistent, nor is there intention to captiously force upon your attention my particular or personal views. I do desire discussion, and was disappointed in there being little last year upon this important subject. In these wonderful years of progress and achievement in every physical and spiritual dimension which man's moral and mental development can operate, there is manifested a grand desire to attain perfection. The measure of perfection attained always depends upon the measure of man's knowledge of the essentials of the particular *thing* he purposes to perfect.

We must first know and understand the causes of diseases before we can teach the laity how to avoid them, or how to curatively treat them ourselves. My conviction is that much of this knowledge is too often or exclusively relegated to the departments of hygiene and sanitary science, thereby being placed in a realm of study too much neglected by the active practitioner of homœopathics. There is much of value being developed in the domain of psychology and hypnotism also, which is going to waste because of the lack of comprehension of the essentials of existence or being by the otherwise keen mentalities that are investigating. An example of this going wrong is, their looking upon or following out the action or operations of the faculties and calling it *mind*, or soul, or the ego, not knowing that mind is a collective term, meaning the operation of the faculties, and not in any sense the faculties themselves or soul. Thus they go off into the realms of imagination and talk about the "duality of mind" or the "objective" and "subjective mind," etc., etc. But to return to my line of thought. So much depends upon our knowledge and its application of what is really hygienic and sanitary that the subject requires very broad handling, because there is, by rights, much to be included. They should not begin and end in fine calculations upon the cubical or square contents and air space in living

and sleeping rooms, etc., nor upon the pounds and ounces of food ingested. The actual weight or thickness of wool or silk, linen or paper garments *may* have something to do in causing a fever or a melancholia, but there are other energies or essentials whose influence is being manifested.

It does not seem orderly or rational—*e. g.*, to depend upon artificial digestive ferments, whether or not they are “eneucleations,” “distillations,” or “isolations” of peptic or pancreatic juices or other physiological tissues and products from the great American hog, sheep, or steer. These are not “the one thing needful” to cure or restore a depraved digestion, appetite, or morbid function. The enormous “output” from the great slaughter houses, stock yards, creameries, etc., of these wonderful productions by the more wonderful and scientific “chefs” who manipulate so successfully the refuse of shambles is astonishing. Why! they can make a few pounds of pancreas or ounces of peptic glands reappear from their laboratories as some hundreds of two, four, or six-ounce bottles of digestives, enzymes, and metabolizers—with which to supply an army of smug sample peddlers who are eternally waylaying the profession. And the profession must encourage this, for the samples are always forthcoming year after year, in ever increasing numbers, while the dear public almost universally adopt and use them as panaceas or specifics for this, that, and the other real or imagined ailment. Also, *greater than all these*, the mass of prepared foods, mostly adulterated humbugs. All these are becoming a menace to health of great potential and miasmatic danger.

There must be a clearer understanding of the fundamentals of human life, in health and disease; a broader comprehension of the relationships between the functional activities and the physiological organs and tissues, and the essence which gives, by its presence, the life power to the body in which that essence moves and has its being. Then there will be clearer understanding of what *is* true hygiene and sanitation.

when and how to use therapeutic measures that will go far towards reharmonizing the discordant elements of disease. The progressive physician will, in time, know these things, and he will have at heart the work of protecting health and teaching the people what should be avoided as disease-breeders, rather than adding to his bank account the proceeds of such fakes and fads. Pure air, plenty of space which is sanitarily clean, and orderly habits of eating, drinking, and sleeping are necessary for the conservation of health, as also are wholesome food and drink. But there is a more potent hygiene, a more saving sanitation even than these: that of the spiritual, moral, and emotional planes. It is from these that the potential energies and influences of the soul or essential man, through the power of life, manifests a protective, rejuvenating, and reconstructive office. From the higher planes of substantial and essential being must come the purification and correction of disturbed function and habits of the individual and corporeal man.

All processes of human life, or even of animal or vegetable life, are influenced from above downward—that is to say, from the higher planes of our essential and substantial being into the physical or material ultimatum of that being. The identity and individuality of that essence, in generals and particulars, is expressed in physiological and anatomical forms, organs, and functions.

That influence, or rather that essence, if not interfered with, will proceed in orderly movement in accord with the laws and relationships governing the operation of both the essence and the physical home of that essence. Then there is equilibrium of energy, harmony, or health. If there is interference the previous orderly movement is broken, discord and even riot supervenes, and disease is the result. Such interference is always the beginning of punishment for broken laws.

I would have you understand that the *man* is not the body.

nor is he the life, but he *is* the essence within the body, the strongest causative influence in the formation, growth, and *use* of that body, which is only a tent for a brief sojourn. The life is a quality of that essence, and the power of that life is brought to the cognizance of the bodily senses, and to our senses, through the material habiliment or ultimatum of that essence. In this material habitation is assembled the members and instruments by which the man is enabled to operate by the power of life, obeying the laws which govern its sojourn here. We have then, in our being, in our consciousness of material existence upon the earth plane, two identities so harmonized as to operate as one; the essence, or soul, and its material complement the body. The harmonizing power, the uniting element which enables each of these identities always, at need, to exercise their separate functions, like a subtle fluid, permeates, vivifies, and propels the members of the body from the material side, and carries from the soul faculties to the bodily senses, or *vice versa*, this power of life. In an electric engine or motor is illustrated the process very nicely. The grouping of the various mechanical forms, connected together by the various wires and parts, according to established mechanical laws, and as the mechanic has formed or assembled them, we look at and pronounce it complete and perfect, and the maker a genius. But until the subtle electric fluid enters the mechanism it is *dead* matter, formed of the elements. The knowledge stored in the faculties of the essence, the man, the impulse to invent and to ultimate his impulse in form of mechanical grouping of instruments and members, each to perform its special function, shows or proves the existence of the essence; the machine, completed, is the material tent in which the impulse of genius is to live and move and have its being. The electric fluid is the power of life which is imparted to the machine, the body, and when actively engaged in its potential relationship between the maker and the made, between the essence and the impulse

or purpose ultimated, evidence of *life* is demonstrated, the engine operates and performs the work or purpose for which it was formed. Thus we see the separate identities: Essence, or maker; engine, or body, electric fluid—the power of life. Not one could have being without the other. The essential power of life in man, the electric power of life in the engine *conjoins* the essence with the material, establishes harmonious activities, and energy proceeds through the whole from the essence. In either our engineer or in his engine everything must be in accord with the laws governing all things concerning the *being*.

In an attempt to define what life is we meet at once with some difficulty, because the word life is used in various senses, which leads to much confusion. It may mean a man's or tree's existence, or duration of an existence, or activities of a being, or cessation of being, the opposite of death. Emerson says: "Life is what man thinks and acts." Another philosopher says: "No, for if this were true, life is not worth the living." We speak of the life of a man, a tree, a building, or of a corporation, etc.

But what *is* life? Is it an entity, pure and simple? Is it a part of the body or of the soul? Is it an expression of energy alone, or is it parceled out to a man, a tree, or an oyster from some great reservoir in earth, air, or sky? Or does it proceed from the stars as the astrologer would have us believe, or from heaven itself? Thus we might continue making queries for all time, finding no answer unless we make use of the great faculties which are ours in abundance to enable us to comprehend, not only what life is, but the soul, its immortality, and more. It is not the province of this paper to demonstrate the soul, although *it is* logically and scientifically possible to demonstrate and prove the identity, individuality, immortality, and existence of the essence which has received the name soul. This is just as possible as it is to scientifically and actually demonstrate the existence of any one or all of the

identities which have been classed as elements—gold, silver, sulphur, etc. Let me proceed to define life, then, that quality with which we as physicians have to deal.

In the first place, we must assume that the human body is the corporeal, visible, tangible home or tent within which the soul dwells. Therefore the body is not the man, the essence, the soul, any more than the eye is sight or the nose is smell. If the soul is immortal (we can prove that *it is*), and the body is not, then we must assume that the body was made for the soul, and as souls differ, so must the body which each soul occupies. Again, the body being corporeal, material (indeed, we know and can prove it is composed of thirty-three of the seventy-odd elements of earth) it cannot consist of or contain *per se* any of the intelligences, attributes, or faculties which belong to the soul. It is only an assembly of compounded and dull matter. We assume also that there is an essential difference between the attributes of this body of a man and those of a plant, tree, or stone. As an animal, man has faculties in number and quality which place him far above the other animal intelligences, and these are separate and distinct from the material molds which he or they occupy. These faculties being the qualities which qualify the essence which we have named soul, prove the existence of the soul essence, just as the material qualities, weight, density, ductility, etc., etc., qualify the essence of the material element, silver.

It is not difficult to conclude from many such obvious reasons that the difference between animal life and that of a plant or tree or metal is as wide as the difference between their material forms. Therefore, man, as to his essence, is clothed in the material form which that essence required, and which was a result of and ultimatum of the essence. In the stages of development of the body, leading up to occupancy by the soul, it was presided over by material ultimations of its parental progenitors, but

on the physical plane—after man the soul entered it, there was added to the parental influences his own as direct and additional formative influences. These more and more accentuated or modified the particular physical signs of parental influences until as a full-grown man he has his particular personality or individuality. The essence belongs to the spiritual realm, but, being on the material plane, is subject to the laws and forces of the material and unsubstantial world of forms for a season, and is destined in the succession of events to return to that realm, when his race is run.

We are now able to formulate this principle or law. Back of every object or form in existence, back of every identity, there is and must be an essence. Without an essence there cannot be an identity. Upon all sides we see, feel, and come in contact with the ultimations or media of the essences, but not with the essences themselves. We may not and cannot comprehend any one of these essences, but that is no reason why we may not know and prove their existence, for we always have our faculties with which to learn of and conate their qualities. The form in which an essence is embodied is the medium through which those qualities of the essence are manifested. We now have come to a point in our definition where I will advance the following postulate:

Life is a quality or attribute belonging to the soul which unites all the faculties of the soul together, that they may operate together in unison and affinity; it also connects the soul and its faculties with the external world, materially and spiritually; enables the soul to communicate by the faculties, each with the other, internally, and thence outwardly, and from externals to internals, all this in unison and affinity. That the soul may have material consciousness of material things the physical habitation is provided and furnished completely with all the members and instruments necessary, and so long as the habitation is in fit condition, it will be capable of manifesting the operation of the faculties of the soul.

Life is the quality which executes the wants and commands of the soul and acts through all the dimensions of relationships of the soul and body that there may be complete retroactive communications with all things within and around, materially and spiritually.

The wonderful mechanism, with all its special tissues and functions, its systems of rapid and effective accomplishment of orders, and fulfilling of the wants, etc., of the soul, is always conducted in accord with the laws of creative power. The special senses are the faculties of the material body—the nerves of sense, the means of telling the soul that sight, hearing, touching, etc., are being used. The organs of sense are but the special instruments through which the soul sees, hears, tastes, smells, and feels *material* things. These organs are not necessary for the spiritual senses. The eye is not sight, nor is the nose smell. The nerves form a system of highways and byways by which the *life* manifests power going to and fro, and through all the other systems over which the power of life acts in obeying the mandates of the ego which sits within its bodily kingdom. The bodily senses, functions, processes, chemical affinities, mechanical forces, and movements are for the operation of the power of life, and the preceding operations of those essential but physical ultimations of the spiritual essence all contribute to manifest the individuality of the soul.

Now we may begin to know and understand to what potentialities the body is subject; why sorrow and joy, disease and suffering must come if the soul develops along distorted lines, or departs so far from its spiritual and essentially clean uprightness as to devote its faculties and power of independence to a wrong use.

There can be no doubt or denial of a legion of disease manifestations that come directly and indirectly from using the faculties in a wrong and unwholesome direction. These, rightly understood, will prove the office of the power of life.

for the phenomena of action and reaction, so much talked about by the homœopathician alone, is but evidence of the efforts to overcome the distuning effects of wrong living, wrong habits of emotional and mental activities.

Since we have to acknowledge the facts of mental therapeutics, why not the causative and distuning influence of mental states? If a patient's belief in the sophistries and imaginations of a mind curist, or in the psychical curios of the hypnotist, will lead him to resign his self-control of emotions and sensations, or his power of life to take orders from an outside essence, why should not there as surely be development of emotional, mental, and physical distortion and disease from within?

Hypnotic suggestion, Christian science, and all these psycho-therapeutic systems may be compounded together and shown to be only different expressions of different observers from their several view-points, of the manifestations of this one power of life.

We cannot deny that bodies inherit certain tendencies, but those tendencies only concern the physical conformations, family types of form or feature. In the body having *peculiar* tendencies which differ from the family types, there must be an essence of peculiar type of action. The peculiar actions or methods of that soul show that its tendencies must have been caused by past habits of action. A soul with a certain tendency will take birth, or choose to be born in a body which is the fittest instrument for the display of its powers or faculties. This must be so, if there is anything in the laws of affinity, which are only the result of habit, and habit is got by repetition. We are in the habit of thinking of ourselves as the body—*i. e.*, it is a fact in everybody's consciousness that he thinks of himself as the body, but how did he come to think of himself as matter? In essence the soul is not bound by matter. It is free, untrammelled, perfect, but while in the body it is bound by matter for a season

and for a purpose. As the soul has the power of independence we must conclude that from choice it has taken up its abode in the body, and so there must be a purpose back of that choice. With knowledge of what that purpose is, and a desire to gain it, the soul will then master matter, make of the body a *servant*, and not be a servant of the body. We frequently see evidences of the soul's power upon the functions of the body, even though the body may be unconscious of it, or at least unable to prevent the action, as in the action of fear upon the sphincters, or upon the circulation and heart action, in shame or chagrin, and other like effects. These emotions are of the soul. They cause the material effects upon the organic functions

"Psychology is the science of soul forces and their action in controlling other people as well as one's self." A resolute will can often wake up and electrify the whole system, even when that system is under the languor or disease action of some other essential force. The nerve forces wake up, the blood courses more strongly, and new vigor is awakened, showing what an influence the soul faculty of will has over the power of life. But the will could not thus act unless by the combined aid of the other eight great faculties.

Psychology, the study of mental forces, acting upon and through the power of life, must become a large part of the medical man's work, and that study must be prosecuted in all the dimensions of the science—must embrace the spiritual plane of action of the essences as well as the material and physiological. There are dangers in the attempt to apply the principles of psychology, because many, from an imperfect knowledge of it, or imagining that they know psychology (*e. g.*, in the branch known as hypnotism), will use psychotherapeutics contrary to sound reason. Or they may, in utter ignorance or unconsciousness, act upon impulse and be drawn to the marriage altar, mistaking the spell which each has thrown over the other for true conjugal union, when

it is only an expression of physical instincts. Parents who are trained in some medical or religious or political rut rear their children in the same narrow channels. It must be remembered also that one may throw a strong influence over another without the least desire of so doing, or without any wrong intention.

I pause here, and will not make the application of these principles in illustrating the causative influence of the spiritual forces upon disease. My paper last year should have followed this one. Both are imperfect enough, for this is a vast field for study, discussion, and wise experiment. I hope that there is food for thought, and that it is not offered in so bungling a manner as to thwart my desire to add interest and profit to our meeting.

DISCUSSION.

Dr. Kennedy—I realize that when we have a paper of this kind, bearing upon homœopathic philosophy, we are dealing with something that is very difficult. I have been very much interested in this paper by Dr. Pease. I admire his courage, Mr. Chairman, in grappling with the problem. I suppose it may seem to some that the time spent in attempting to handle a subject of this sort is time lost, but I do not sympathize with that point of view. We have in this bureau of homœopathic philosophy our most interesting papers, at least to some of us. I believe it is right to spend sufficient time to put on paper our thoughts relative to this department of science, with which we, more especially in our branch of the profession, attempt to wrestle.

I feel that in order to properly discuss a paper of this sort we should have an opportunity, as members of the society, to read the paper carefully before it is presented, in order that we may digest it, and so formulate our thoughts that they may be expressed more intelligently.

The essayist spoke of this "essence," this "internal es-

sence" as being the man; and I mention it, because our friends of the mind cure make this strong claim, that the man is not the body, is not material, but is the mind. Now, I have no idea, Mr. Chairman, that our essayist intended to convey any such idea. I suppose he meant that the essence is the *essential* man, for it seems to me the essence within is not the man, the material is not the man, *no one part* is the man, but the whole together, the beautiful harmony, is the man. That is the broad sense, the only sense in which we can deal with him—the whole together. I have no doubt, Mr. Chairman, that our essayist will clear that up, if it needs any explanation.

Dr. Patch—I feel the utter impossibility of discussing a paper of this kind without having previously considered the subject. The question is a very important one, but I must confess my mental state after listening to Dr. Pease to be one of confusion. I do not know that anything is gained by going into the minutiae of these points. Life is a state rather than a power or force. The latter term does not seem to convey a clear idea of life to one's mind, and the state of the whole man would seem to constitute life more than any particular action of the soul or so-called "essence" of the man. The vital force, as we understand it from Hahnemann, would seem to be an intermediary, between material and spiritual elements, rather than the true life power. Then, too, in the beginning of the paper, it seems to me that there is confusion in the use of the term hygiene and the products of the laboratory. I think we, as homœopaths should enforce the laws of hygiene as far as they are in harmony with our beliefs. I believe that true hygiene is always in harmony with Homœopathy, but the use of the laboratory remedies and fads is not hygiene. It may be claimed as hygiene, but it is only a makeshift of those who have no further resource.

Dr. Morgan—I can hardly enlarge on this on general principles. I would, however, like to hear some opinion in regard to the great variety of life forces, and the essential

properties of life force in very different material substances, and also in regard to the action of those different life forces in disease. Also regarding nourishment, and whether the natural life requires continual nourishment, something that the chemist does not know anything about.

Dr. Rushmore—In regard to the essential constitution of man, I seemed to get from the paper the thought of dual rather than triple constitution. I think we are bound to consider ourselves as consisting of three parts. The view of a triple constitution is given in Scripture. It is spoken of there as three, the body, soul, and spirit, man not being complete without all three of these, and man finds his activity and expression in all three of these. Another thought—it would seem to be the trend of the paper that the soul is always predominating. Do our material remedies taken into the body change the state of the soul? I simply throw that out for consideration. I do not oppose the thought in the paper, but I will instance the action of gold upon a suicidal tendency. It affects the soul, and the mind becomes cheerful. That which acts primarily on the body acts secondly on the soul.

Dr. Kennedy—I want to emphasize what Dr. Rushmore has just said. We all recognize the fact that remedies will do what Dr. Rushmore has just said they will do. Dr. Rushmore has said that when Aurum is administered to a patient threatening suicide, it will change the mind of that patient so that he will desist, and will become cheerful. He will become really another person. I want to emphasize what I believe to be true, that when the remedy is given potentized it has that effect; not to imply by this that any of us present use remedies that are not potentized, but I believe that the higher potencies are more likely to act in this way. I am not prepared to say that the lower potencies will not do this, but I believe we can place greater reliance upon remedies more highly potentized—I mean a remedy not under the 200th. They seem to touch that innermost life. They become pos-

sessed, so to speak, of that life force which is akin to that inner man which we as homœopathists know we can reach.

Dr. Davis—I would like to ask Dr. Rushmore if I correctly understood him to use the word "material;" did he say "material remedies?"

Dr. Rushmore—I think so.

Dr. Davis—That raises a point as to whether a material substance acts in the sphere of the spiritual except as a vehicle of the dynamic force. If it were so our higher potencies would not act as well as our lower. The nearer we bring potencies to a similarity of plane, the more perfect is the result, as has been referred to. I do not know that I understood the doctor correctly in his remarks.

I understood the writer to say that he considered vegetable life or processes and human life as far apart as the poles. That may be so, but I never like to express it in that way. If this is true it would debar vegetable remedies from acting upon man. It can hardly be possible that they are as far apart as we suppose.

Dr. Pease—I suppose I said that they differed as their forms differed.

Dr. Davis—I think it has been said that they are very similar, so there is a mistake somewhere.

Dr. Rushmore—I think we must hold to the material nature of the remedies that we use, otherwise we come into the domain of the mind curists. The remedy must be put into the patient's body. The fact that it becomes invisible does not demonstrate that it ceases to be matter recognizable by tests.

Dr. Close—It is a sad thing for Homœopathy if its exponents are obliged to take the position of materialists in order to combat the position of the metaphysical healers. We have only to make a very brief inquiry into *The Organon* to find that Dr. Rushmore's idea will not find any endorsement there. Hahnemann opposes all who hold to the mate-

rialistic theory. He reiterates and emphasizes with the greatest force the idea that disease is dynamic, and that remedies are essentially dynamic. The remedy corresponds to the disease, and is similar. It has the power to produce a corresponding state of the system.

Dr. Pease evidently uses the word "essence" in the sense that "spirit" is commonly used. It ought not to take any more argument to convince thinking men of the existence of spirit or "essence" than it does to convince them of the existence of matter. As a matter of fact you cannot by argument prove the existence of either, because both are perceived intuitively by the mind. We all hold practically the same view, but there is confusion in the use of terms. Matter cannot cease to be, though it may change its forms. Spirit or essence is eternal, but it is eternally manifesting and individualizing itself in and through matter. Spirit and matter are in reality one, for neither could exist without the other. They are the two sides or phases of the same thing—the upper and the under, the inner and the outer. It is impossible to mark the point where matter becomes spirit or spirit becomes matter, but there is an eternal flux or interaction between the two. With that in mind the infinity of individualized forms ought not to confuse us.

Dr. Patch—It seems to me that Hahnemann uses the term "spirit-like" rather than "spirit" in speaking of remedies, and in speaking of diseases he uses the term "dynamic." If that word implies a spirit-like form of remedy, such remedy may still remain essentially material. It is an open question whether the raising of the potency of a drug changes its degree from one plane to another. I do not think it does.

Dr. Kennedy—This question of matter, it seems to me, is very fine; it turns upon what constitutes matter. I felt while Dr. Rushmore was speaking that he was right. I still feel that way. I do not think that Hahnemann's idea is different.

I think that Hahnemann, in using the word "material" used it at that time (over 100 years ago) in the sense in which the word was employed in those days, as over against that form of remedy which he taught was the best, and the action of which he called dynamic and spirit-like, as Dr. Patch has said. To come back to the question which turns upon "What constitutes matter?" What constituted matter in the days of Hahnemann would not be recognized as constituting matter to-day, for our ability to determine matter has become magnified, and that which in the days of Hahnemann would have been considered fanciful and beyond the realm of matter is now demonstrated by scientific research, by means of the microscopical and chemical laboratories. Substances which in those days were not recognized are now brought forth and understood by man. As I said before, the whole question turns upon what constitutes matter. We have not yet the ability to determine matter from a scientific point of view. That which to-day seems to be beyond the realm of matter may, in another century, be demonstrated by processes which will be accepted by those who will be the materialists of that time, so I think we had better go carefully along this line.

Dr. Adams—I have been very much interested in Dr. Pease's paper and the remarks that have followed. It seems to me that to Hahnemannian physicians the study of what the vital force is, is of the utmost importance. It is a vast subject. Whether we can come to a decision or not is very problematical to me. It occurs to me that such studies should teach us to avoid dogmatism. Hahnemann has given us a law which we believe to be a law of nature. We have been applying it in a material manner, but we do know that cures are made by mental scientists. I see cases every week that are cured. I think we should approach these men with humility, not with our minds made up that there is nothing

in their claims. We do not know how the potency is given by the mental healers, but it does seem as though we were yet coming to a higher potentization.

Dr. Pease—Mr. Chairman, I see that in my paper as I read it I have not accomplished what I wanted, because in my fear of taking up too much time I have cut out a good deal, thinking the minds here were posted, and would understand intuitively the position I have tried to make clear, but I see that I have failed to make certain important points clear. In regard to our friends, the mind curists, whom Dr. Kennedy mentioned in his first remarks, and of whom Dr. Adams has also just spoken, we know that we must acknowledge facts which they demonstrate. We also must acknowledge the fact that almost all of the various systems of psychological therapeutics do perform cures. Why they succeed or how they do it, is not a question to discuss here, but there is one point we must not lose sight of. I cited it in my paper—that is, back of every form we meet in nature or about us there must be an essence. If we keep that in mind we will not be confused when we talk about what material is. If we look upon our remedies as materials, or material substances, or forms, with no essence back of that form, what is to hinder our making a very close imitation of that medicinal principle; for instance, of that plant? I look upon the material forms as simply clothing in which an essence is presented to our senses. The property that produces the curative influence is the identity of the essence back of the form. Considering gold as an illustration, whether that gold was given in the lowest potency of the first form of gold leaf, or of the golden nugget from the soil, it is the essence, the identity, the individuality which induces the suicidal tendencies, it is not the material form. In Dr. Close's remarks concerning Hahnemann's statements he must not forget Hahnemann's position in regard to the spirit-like, dynamic force. We cannot comprehend the essence, but we can demonstrate the existence

of that essence by proving the qualities which qualify it. We as homœopathic physicians prove it every day, by every cure that we bring about, and that cure is the result of an essence. The homœopathic law of cure is an essence, and Hahnemann and every one of his followers but manifest the power of that essence. The 1,000th and 100,000th potencies are only different expressions or manifestations of the essence of the drug. Some one, I believe it was Dr. Patch, spoke of life as being "a state of being." We must not forget that words are simply vehicles upon which we load a thought, and that word "life" is a much-abused vehicle. The word "life" is used in many senses, and confusion results. We can use the word "life" in the sense Dr. Patch used it, "a state of being," the life the man leads, a good life or a wicked life. I tried in my paper to define the sense in which I hope we will use it—the sense of quality, or power, or force. In that sense life cannot be a state of being, because life cannot be the motive. If life is a state of being it cannot be the motive back of that state. Back of every life in nature there must be an essence, because without that essence there cannot be an identity. In regard to another use of the word "life," Dr. Davis understood me to say of the life of a tree or a vegetable, that the difference was as wide as the poles between vegetable and man. There is a vast difference between the life of a plant and the life of a man, and that difference is found in the essence back of the identity. The essence of Belladonna is expressed to our senses in its visible forms, and in its method of activity upon the human organism. Just so the forms of all vegetable material differ according to the essence. Of all animal forms of life man is the highest. Back of every animal life is an essence and an intelligence; back of every vegetable form of life is an essence, but not an intelligence. A man or animal with intelligence moves itself to its food, or away from that which is uncongenial to it, or from one place to another.

Dr. Close—So does a plant, or a tree, sending out its roots toward water and its leaves toward the sun.

Dr. Pease—No! no! can a plant save itself from a fire? No. In order to be understood I must go back to our essence again. That which we call the life of a plant or a tree has no intelligence back of it. The power which we call life in a plant we must call some other name. A plant or tree has the power of growth, and it has this power because of chemical affinity and mechanical operation. The power that we call life in a man has intelligence back of it, but the growth of his body is the same as that of the plant. In other words, the growth of a man's body is from chemical affinity and mechanical operation, but it has a different thing back of it which I am trying to define in my paper. It is that quality which unites the faculties of the soul, or the dynamis, if you wish to call it so, together with each other, and with the body, so that they may get in unison and affinity.

What is growth? Matter grows by chemical affinity and mechanical operation by addition of more matter, and that matter, whether plant or tree, is derived from the earth and from the atmosphere, directed by the power of life. Growth goes on the same way in the human body, but the difference is that the human or animal body has this intelligence back of it, while in the plant it is absent. A plant may be growing near a stream. If we dig down we will find that its roots are growing toward the stream until they reach the moisture. Does that show intelligence? No; it shows mechanical operation and chemical affinity. There is no intelligence there.

Dr. Rushmore spoke as though he understood me to object to, or at least to have forgotten to allow for the existence of a tripod type. I do not mean to be understood that way, but in order to understand each other we would have to go back to the absolute meaning of the words, because there is a difference in the meaning between the soul and spirit. I did speak of a tripod type, and a power of life which unites the

three. One question I would like to ask, How can a material force, if that is the correct term, change the soul? The instance was made of gold changing the soul from a suicidal tendency to some other condition which was not suicidal. Was that suicidal tendency a part of the soul, or was it only a manifestation of changed conditions, or a departure from the normal, essential condition? There can be no doubt that a suicidal tendency is a sign of disease, and has the essence back of it. It arises from a wrong use of the faculties, and not from the diseased tissues of the body. What is it that gives individuality or identity to our Aurum, or to Belladonna, or Silver? I claim that it is that essence which is inherent in every substance about us, and that the substances differ according to that essence, and hence there must be differing material forms which manifest them.

TWO HEARTS IN ONE MAN.

PLAINFIELD, N. J., November 9th.

William King, of New Bedford, Mass., has aroused the curiosity of the Plainfield medical fraternity as the most peculiar example on record of a man with two hearts. King is visiting his cousin, Thomas Martin, the jail warden in this city, and has been examined by Dr. Long, of the Muhlenburg Hospital staff. Dr. Long says King undoubtedly has two hearts. Both of them are capable of displacement and can be moved at will to different parts of the abdomen and separated one from the other, so that the beating in unison can be noted.

King is a colored man and claims to be one hundred years old and a veteran of the war of 1812. One of King's hearts is on the right and the other on the left side. By a muscular movement he can move one to the lower part of the abdomen without throwing it out of beat with the other.—*Philadelphia Times*, Nov. 10th.

VACCINATION IN THE LIGHT OF THE ROYAL BRITISH COMMISSION.

M. R. LEVERSON, M. D., FORT HAMILTON, L. I., N. Y.

(Continued from Nov. No., page 509.)

At the session of June 25th, 1890, Mr. Tebb continued his testimony. The Commission declined to receive a *letter* from Mr. Bendenell Carter, on the ground that Mr. Carter being still alive, his evidence could be obtained directly from him if necessary.*

Q. 10,001. As to the connection between leprosy and vaccination Mr. Tebb quotes several cases; also the opinion of Dr. J. Bechtinger, of Rio de Janeiro, who has devoted twenty-seven years to the study of leprosy in the West Indies, in the Sandwich Islands, in South America, India, and in British Guiana, who says that "Vaccination is responsible for a serious augmentation of the disease in these countries." He believes this is partly due to syphilitic virus imported from Europe, *which becomes leprous*, and partly from leprous virus used in those countries. He has often been consulted by parents whose families were quite free from any taint of leprosy, which he has traced in the children to vaccination.

Q. 10,002-5. The Commission is surprised at the suggestion that syphilis may become leprosy. Dr. Bechtinger has published an extensive work on leprosy (some 500 pages).

Q. 10,006 (By Professor Michael Foster). "Does he con-

*This course was adopted by the Commission in nearly all cases. It was the proper course to take in the case of persons living in Great Britain, but should have been supplemented by taking steps to call before them such persons who were reluctant to attend, if their evidence would be likely to be of use.

An undertaking was given on the part of Sir John Simon that he would appear before the Commission to explain the important concealments of which the records produced by Mr. Tebb accused him. He never did so; but the Commission ought in all fairness to have compelled his appearance.—M. R. L.

sider leprosy a development of syphilis? He considers that under certain conditions syphilis may induce leprosy."

Q. 10,007-8. The witness quotes Dr. Robert Francis Black (M. R. C. S., L. R. C. P., etc), fourteen years a resident of the Port of Spain, who has seen children die of erysipelas from vaccination, but who maintains that the greatest danger in the West Indies was the invaccination of leprosy. In *The British Medical Journal* for June 11th, 1887, is a communication from Dr. W. T. Gairdner, Professor of Medicine in Glasgow University, entitled, "A Remarkable Experience Concerning Leprosy, Involving Certain Facts and Statements Bearing on the Question. 'Is Leprosy Communicable Through Vaccination?'"

Q. 10,009. The narrative of Professor Gairdner detailed the infection with leprosy of two youths by vaccination. Dr. Black reports to the Governor of Trinidad that his experience agrees with that of Professor Gairdner that leprosy has been communicated by vaccination in several cases.

Q. 10,013. A letter from Dr. Gairdner, stating that all the information he possesses upon the subject of invaccinated leprosy has been published by him and is accessible to the Commission, and as he has nothing further to say, it is not his intention to go before the Commission.

Q. 10,014-20. Mr. Tebb then proceeds to detail his own experience. As this is all given, even more fully, in Mr. Tebb's work, *The Recrudescence of Leprosy*, which is readily accessible, it is not deemed necessary to reproduce it. Further, the fact is now admitted by the advocates of vaccination, who make it one of the reasons for abandoning "arm to arm" vaccination and for using the cow-pox virus direct from the calf; thus giving the vaccinees the risks of any bovine disease with which the calf may be endowed. At the same time it is to be observed that the Commission struggled with Mr. Tebb to try and weaken the force of the evidence produced, but without success. At Qs. 10,021-22 Mr.

Tebb quotes the report of the Leprosy Committee of the Royal College of Physicians to the effect that leprosy is not contagious in the conventional sense.

Q. 10,023. Dr. Bristowe dissents from that view.

Q. 10,084. The witness mentions the opinion prevailing among medical men, both in the West Indies and in British Guiana, that leprosy is disseminated by mosquitoes. Mr. Tebb, in his work above cited (p. 129), mentions also China and Japan as countries where that opinion prevails.

Q. 10,088. Mr. Hutchinson says that leprosy has diminished in New Zealand during the vaccination period. Mr. Tebb answers that he understood leprosy was confined to the Maoris, to which Mr. Hutchinson says, "Yes, almost so; and notwithstanding vaccination leprosy has diminished and says that the increase of leprosy is a matter of dispute." Mr. Tebb says, "It may be a matter of dispute here, but it is no matter of dispute in the West Indies. It is a universal belief."

Q. 10,091-2. Mr. Hutchinson says it is increasing in the Sandwich Islands but steadily diminishing in most places, also possibly increasing in the West Indies.

Q. 10,094. Mr. Tebb sums up the result of his inquiries as follows:

1. Evidence from all authorities shows that leprosy is seriously increasing throughout the West Indies and other countries.

2. The theory of contagion put forward to account for this increase is doubtful, is denied by the high medical authorities both at home and abroad, and if true, would only account for an infinitesimal portion of such increase.

3. All authorities admit that leprosy may be communicated by inoculation.

4. That the only method of inoculation extensively practiced is by means of (arm to arm) vaccination, and that leprosy has been distinctly traced to this source by medical practitioners in the West Indies, by several medical super-

intendents of the leper asylums, and by distinguished authorities, such as Dr. Tilbury Fox, Sir Erasmus Wilson, Dr. Gavin Milroy, Professor W. T. Gairdner, of Glasgow; Dr. Hillis. Dr. Ed. Armix, Dr. Sieving, Dr. A. M. Brown, Dr. Hall Bakewell, Dr. Bechtinger, Sir Morell Mackenzie, and others.

DR. FRANK KRAFT AND THE CLEVELAND COLLEGE.

A request made by the students of the Senior Class of the Cleveland Homœopathic Medical College to the Faculty of that institution asking that Dr. Frank Kraft be restored to his old position of Professor of Materia Medica, and which request was refused, has been the cause of much discussion and feeling in the College.

Dr. Frank Kraft is one of the most prominent physicians in Cleveland, and he has a wide reputation as an able and progressive doctor. He is editor of *The American Homœopathist*, and he left a professorship of materia medica in the Medical Department of the University of Michigan several years ago to accept a similar chair in the old Cleveland Medical College. When that College was consolidated with the Cleveland University of Medicine and Surgery into the Cleveland Homœopathic College, Dr. Kraft was appointed to the chair of Materia Medica in the united institution. Dr. Kraft resigned his connection with the institution last summer. Dr. H. H. Baxter was then appointed to the chair of Materia Medica, which he still holds.

Dr. Kraft was personally very popular with the students as well as with a number of members of the Faculty. Recently the Seniors decided that they wanted Dr. Kraft to lecture to them on materia medica as well as Dr. Baxter, so they held a meeting and appointed a committee to wait on the Faculty and request that one hour a week be added to instruction on this branch, and that Dr. Kraft be appointed to take care of

it. The Faculty considered the request presented by the committee, which consisted of H. J. Austin, A. J. Brainard, and A. W. Mercer, but refused it. It is claimed that Dr. Woods and Dr. Baxter, who are said to be leaders of the old Cleveland Medical College party in the Faculty, opposed the request, and that it was turned down despite the fact that a number of Faculty members of both factions favored it. However, the Faculty, to soothe the Seniors, added the additional hour to the curriculum, and selected Dr. Justin E. Rowland, Junior Professor of Materia Medica, to take charge of it.

Dr. Kraft bears the reputation of being one of the ablest and most advanced lecturers in that branch of medical science in the country. The Seniors say they recognized this fact, and without any disparagement of the ability of Dr. Baxter, deemed it to their interest to get the teachings of both.

H. J. Austin, who was chairman of the Senior's Committee, was visited last evening. He refused to discuss the matter in any manner beyond saying that Dr. Kraft would not be taken back into the Faculty as long as it was made up of its present elements. The above facts were learned from a number of the Seniors familiar with the matter, and from members of the Faculty.

Efforts were made to find Dr. W. E. Phillips and Dr. G. J. Jones, Dean and Vice-Dean respectively of the College, last night, but without success. Dr. Kraft was visited, and was told the situation. He expressed great surprise, and said it was all news to him.

"Things were made so unpleasant for me," said the doctor, "that last summer I was forced to resign from the Faculty. Dr. Woods was the leader of the opposition to me. That is all I care to say about the matter."

It is said that Dr. Kraft's editorials in the medical journal of which he is editor, advocating purer teachings of homœopathic medicine, aroused considerable enmity toward him

on the part of the older physicians on the Faculty. Another cause for opposition to Dr. Kraft, it is said, was his reading of a paper before the National Association of Physicians this year, advocating his advanced method of teaching Homœopathy by the aid of blackboard, charts, and pictures. Some of the editorials were construed by the dissatisfied ones to reflect on the Cleveland Homœopathic College.

Dr. Kraft denied this last evening. He declared he had always referred to homœopathic colleges in general.—*The News and Herald*, Cleveland, O., Nov. 11th, 1898.

IN MEMORIAM—DR. J. HEBER SMITH.

J. Heber Smith, M. D., of Boston, died in this city of heart disease Sunday morning, October 23d. He was born in Bucksport, Me., December 5th, 1842, and was the son of Rev. Joseph Smith, a somewhat widely known Methodist clergyman of New England.

In early life Dr. Smith was prevented by ill-health from completing a classical course at Harvard College, for which he was prepared. His health afterwards improved, and he entered with enthusiasm upon the study of medicine. He was graduated at the Hahnemann Medical College of Philadelphia in March 1864, as the valedictorian of his class. Almost immediately he entered upon a successful practice in Melrose which continued till 1882, when he removed to Boston, where he had been often previously called in consultation, and where he had since continued in practice.

In 1873, on the foundation of Boston University School of Medicine, Dr. Smith became one of its original members as Professor of Materia Medica, a position he filled with great ability to the present time. Since 1878 he has been one of its executive committee and its secretary. As a professor for

more than twenty-five years he seldom failed to promptly meet its requirements. His lectures were carefully prepared and filled with important information. His manner was attractive and impressive, and not one of the many hundreds who have been his pupils but appreciated the valuable instruction received from him.

As a physician he was devoted to the interests of his patients, and he will long be enshrined in their memory. For more than thirty years he had been an active member of the American Institute of Homœopathy, the Massachusetts Homœopathic Medical Society, of which he was president in 1884, and of the Boston society, to all of which he contributed valuable papers. He had also been a member of many other societies and associations.

He leaves a widow and two children—Mrs. Horace G. Lobenstine, a married daughter, who resides in Detroit, and a son, Conrad Smith, who has nearly completed his medical education.

The funeral will be at his former home to-morrow at three o'clock.—*Boston Transcript*, October 24th, 1898.

On Tuesday, October 25th, at twelve o'clock, the Faculty of Boston University School of Medicine held a meeting at the school building to take action on the death of Professor J. Heber Smith.

The meeting was presided over by the Dean, Dr. I. T. Talbot. Dr. H. C. Clapp read an article which had been prepared for one of the daily papers, presenting a brief biographical sketch of Dr. Smith. Members of the Faculty then testified, each in a few words, to their appreciation of the many qualities possessed by their late colleague. They spoke of his great courage, of his striking faithfulness to the School, of the clearness of his teaching, his constant cordiality and cheerfulness, his magnetic personality, and many other noble

and lovable traits which had won for him the regard of Faculty and students alike. Dr. Richardson, when called upon for remarks, read some verses by the late Sherman Hoar, beginning:

"Give unto Thy servant rest,"

which seemed to be peculiarly appropriate to the occasion.

Of the thirty-two members who represented the Faculty at the meeting the following took part in the exercises:

Drs. E. P. Colby, F. B. Percy, J. W. Hayward, Alonzo Boothby, J. A. Rockwell, Conrad Wesselhœft, Horace Packard, F. P. Batchelder, Prof. E. E. Calder, Drs. W. S. Smith, Geo. S. Adams, J. E. Briggs, F. E. Allard, Marion Coon, Sarah S. Windsor, F. A. Davis, W. T. Hopkins, Martha Mann, C. H. Thomas, A. H. Powers, J. S. Shaw, Walter Wesselhœft, F. C. Richardson, H. C. Clapp, and W. T. Talbot.

Among those coming from a distance were Dr. Adams, of Westborough, and Prof. Calder, of Providence. The following resolutions, which had been prepared by a committee previously appointed, were read by Dr. Sutherland and unanimously adopted by a rising vote:

J. Heber Smith, physician, medical teacher, friend, having been called by the dispensation of the Eternal Wisdom from his earthly labors, his surviving colleagues on the Faculty of Boston University School of Medicine mourn his death, honor his memory, and hereby testify to their deep appreciation of his quarter of a century's unremitting, steadfast, and faithful labors in behalf of the school. In class-room, in business meeting, in social gathering, his clear and efficient teaching, his words of counsel, and his genial presence will be sadly missed. His strong individuality, his unfailing cheerfulness, constant good humor, and pungent wit, united with his scholarly attainments, made him a convincing personality. His patient and uncomplaining submission to life-long infirmity, his sympathetic and keen appreciation of the sufferings

of others, his energy and forgetfulness of self in administering to the necessities of others will linger as an example to be imitated by all whose good fortune it was to know him.

To his family and relatives we extend our sincerest sympathy for a bereavement which is an affliction shared by all who were numbered with his friends.

J. P. SUTHERLAND,
H. C. CLAPP,
J. W. HAYWARD,
Committee.

The following members of the Faculty acted as honorary pall-bearers: Drs. Talbot, Sutherland, Conrad Wesselhœft, and H. C. Clapp.

BOOK NOTICES.

AN ABRIDGED THERAPY: Manual for the Biochemical Treatment of Disease. By Dr. Med. Schuessler, of Oldenburg. Twenty-fifth edition, in part rewritten. Translated by Professor Louis H. Tafel. Philadelphia: Bœricke & Tafel, 1898. Price, cloth, \$1.00; by mail, \$1.07.

Scarcely a book written for homœopathic physicians has had the immense circulation that this product of Dr. Schuessler's mind has enjoyed, it having passed through twenty-five editions! Hardly any book that has appeared for the use of the homœopathist has had as many editors as this one. Additions have been made not alone by the author, but by his various ambitious editors until the original has been swollen out to proportions so large that it can hardly be recognized as the modest little duodecimo we first saw thirty years ago, edited by Dr. Hering. The present edition is free, however, from any additions of others except a short biography of the venerable author, who died before he could see the finish of his last effort.

The before-mentioned popularity of this book is to our mind not far to seek, and does not depend upon such very superior clinical results over the ordinary method of finding a simillimum to the case to be treated.

It would seem that there are several factors which go to make up this popularity.

In the first place, it reduces the number of medicines that the practitioner need depend upon to twelve, instead of the vast array of remedies that go to make up the ordinary materia medica.

In the second place, it reduces the symptomatology enormously. There is no need, if we adopt this system, of having the swollen books of *materia medica* that burden our shelves and harass our minds in the daily task of healing the sick.

In the third place, it offers plausible theories of the action of medicines upon the human system, very welcome to most minds addicted to speculative attempts to account for the phenomena that occur in the sick.

In the fourth place, it affords a refuge for many, who, dissatisfied with the inefficient therapeutics of the old school of medicine, are not yet mentally trained for the acceptance of true Homœopathy, and want a middle ground to stand upon, that will exempt them from any obligation to practice Hahnemann's principle.

It may be summarized as a case of Homœopathy made easy; and that is what so many of us want. A very considerable proportion of the profession are seeking to reduce the practice of Homœopathy to a business routine like the ceaseless round of some machine; thereby saving time and labor and enabling them to increase their capacity for seeing patients in greater numbers.

This spirit of routinism with its advantages may be well illustrated by the development of the printing press. When Caxton, Franklin, and others practiced with their rude presses, where much effort only made one imprint at a time, and that on only one side of a sheet, their work was excessively slow. When the idea was elaborated of putting the type on a carriage and shoving it under a revolving cylinder on which were sheets of paper to receive the impressions, then was the rapidity of production enormously increased. When the idea was still further elaborated and the type was built upon a cylinder and made to rotate against another rotating cylinder over which passed a long strip of paper, then was the highest possible speed of production attained, and as many printed papers turned out in one second as had been possible before with Franklin's presses in an hour.

In Homœopathy the spirit of progress(?) is along the lines that developed the printing press. The average professional mind seeks to reduce homœopathic practice to a routine business strongly suggestive of the idea of type built upon a rotating cylinder. It is not a method that will benefit the patient, though it is easier and more profitable to the practitioner.

Schuessler's bold idea is in perfect harmony with this spirit of routinism, and hence it has a greater impetus commercially than other books. But the reader need not think that as a system it improves our capacity to treat sickness. Whoever uses it will constantly find himself obliged to fall back upon symptomatology, and insensibly will be led outside the charmed circle of the twelve remedies, to others that the venerable author has either purposely excluded or simply ignored.

When any great discoverer comes forward with a perfectly new and unique idea the whole mass of humanity, finding it an innovation upon their usual and accepted modes of thought, at once reject it and refuse to consider any evidence in its favor. If the discoverer persist in forcing it upon them, they proceed to persecute him. If he withstand the persecution he will find a few individuals come out of the throng and accept the new teaching, and of course soon share with him in ridicule and persecution. But as the discoverer continues to maintain his doctrine, opposition to him more and more decreases until there comes a kind of toleration of his ideas. This toleration is succeeded in its turn by a sort of tacit assent in general and the persecu-

tion ceases. Those who thus give their assent are not really convinced of its truth, but are attracted to it by the prospect of some personal advantage or profit. Consequently they advocate it by speech and distinguish themselves by their partisanship while in practice actually nullifying it or ignoring it.

If a pretender arise who offers a mutilated form of it as a substitute for the original doctrine, these partisans will flock to him and become his disciples, leaving the original discoverer with but the smallest possible following.

Now the sketch here drawn fits the history of Hahnemann and his doctrine. It is, indeed, an epitome of it. From total rejection of it Hahnemann passed to the stage of acceptance by a few faithful followers, then to its seeming acceptance by a large and unthinking minority, and then to the stage where pretenders attempted to teach modifications. Thus we find followers who wrote rival organs, or assumed to improve his writings by perverted translations, or sought to graft upon his plain announcement of a law of cure, the cumbrous speculative philosophy of the old school, apparently with a view of affording a refuge for those who choose to profess the principle, but not being convinced of it, do not intend to practice it.

This, we think, is the attitude of Schuessler toward Hahnemann. He simply affords a refuge to those who *profess* Hahnemann's principles, but who are not convinced of them and will not practice them. As these are the great majority of Hahnemann's so-called disciples, the great popularity of Schuessler's work is in part explained.

The work before us now in its completest form strikes us as being in the very highest degree speculative. It is an attempt to give rational explanations upon material lines of the action of delicate potentized remedies made, of course, on the plans of Hahnemann, but nevertheless prescribed, not upon the basis of the law of similars, but upon this fanciful theory of chemical reactions.

Take for example his views upon *Natrum-muriaticum* or table salt. He says at page 58 that table salt entering the human system as a combination between soda and chlorine, meets soda in the cells that is not combined with chlorine. The chlorine immediately leaves the soda with which it was combined when it entered the cells, and joins with that other soda which it finds already established there, and thus forms *Natrum-muriaticum* over again.

Thus the chlorine is invested by our venerable author with a selective power which approaches mentality. Chemistry teaches that where two substances of different chemical characteristics are found united, it is because of chemical affinity. That this combination is in whole or in part a satisfaction of this affinity, and the combination will remain quiescent until some other agent with higher affinity comes in contact with it when the first combination is broken, one of the constituents is liberated, and a new combination is formed.

But Dr. Schuessler teaches that chlorine combined with a metal in a certain compound has a higher affinity for some other portion of that same metal with which it happens to meet than that with which it already has united, and therefore will leave its first combination to unite with this second, although both are the same metal. That soda in combination has a less affinity for the element with which it is united than another portion of soda with which that element happens to meet. This

is an absurdity and is actually laughable. It shows a want of clear understanding of the phenomena of chemistry.

In this same connection Dr. Schuessler teaches that an attenuated dose or potency of salt can cause endosmose.

This is in direct opposition to the meaning of endosmose, which is that if two bodies of water, the first one denser than the second by reason of its having in solution some salt—say table salt—are separated by a wall made of an animal membrane, the first or denser solution will pass through the membrane to increase the density of the other or second body of water, while the second will pass through toward the denser fluid to dilute it. This exchange will go on until both bodies of fluid are of the same density, when it will cease. Hence it is a phenomenon dependent upon the presence of ponderable quantities. Yet Dr. Schuessler seems to think that the presence of table salt in infinitesimal quantities is quite competent to produce the same result.

Errors like these invalidate the whole book (for of course there are others less glaring) and destroy its scientific value. Meanwhile former editors of Schuessler's book have acknowledged right in the preface that these twelve tissue remedies could not be well used without provings in the regular Hahnemannian way. (See review of Bœricke & Dewey's edition of Schuessler in *THE HOMŒOPATHIC PHYSICIAN* for May, 1893, page 300.)

This journal has never been able to unreservedly commend Schuessler's system. We have spoken moderately in disapproval of every edition of it which has ever been brought to our notice, except perhaps that of Bœricke & Dewey before mentioned.

Dr. Lippe, Dr. Fellger, Dr. Wells, of Brooklyn; Dr. Henry N. Guernsey, and others who were distinguished by their success in the practice of pure Homœopathy and their bold and unwavering endorsement of it, strongly disapproved of the Biochemic theory.

Dr. Lippe loudly execrated what he called "Schuesslerism," and classed its author among the enemies of Homœopathy. He did not hesitate to accuse Schuessler of having invented Biochemism as a means of preventing the progress of the homœopathic principle by affording a refuge, as before explained, for those minds who wished to display an outward adherence to Homœopathy while carrying on a secret opposition to it.

Dr. Fellger complained of the editorial opinions of this journal concerning Biochemism as not being severe enough, and Dr. Wells would not condescend to discuss it.

Certain it is that it exhibits a want of profound knowledge of chemistry and an assumption of reactions which are not confirmed by experimental research.

It appears to have been constructed theoretically in the doctor's study with the aid of a few books of reference, one or two of which are decidedly speculative in their views and by a knowledge of chemistry which is certainly superficial and to our mind totally insufficient for the purposes sought to be attained. Thus the whole system of Biochemistry belongs to the domain of speculative medicine, and that is just what Homœopathy seeks to avoid.

THE PHYSICIAN'S VISITING LIST (Lindsay & Blakiston's) FOR 1899. Forty-eighth year of its publication. Philadelphia: P. Blakiston's Son & Co. (successors to Lindsay & Blakiston). 1012 Walnut Street. Price for 25 patients per day or per week, \$1.00; 50 patients, \$1.25; 50 patients, in two volumes, \$2.00; 75 patients, in two volumes, \$2.00; 100 patients, in two volumes, \$2.25.

This visiting list is the one used by the editor for many years in his daily practice. It is divided by ruled lines into, first, a column for the name of the patient; second, a series of seven narrow columns, one for each of the days of the week, the day of the month being also inserted as a heading; third, a money column for the charge made; fourth, a column for the ledger page, and fifth, a wide column for special memoranda. This is especially useful to homœopathsists in noting remedies given, particular symptoms, and other needed notes of the case treated. Additional pages follow for miscellaneous memoranda, a number of pages for noting amounts of accounts asked for; pages for noting obstetric engagements, and finally a general cash account. To this arrangement are added special pages of practical information, such as conversion of metric system of weights and measures into the English system, dose table, comparison of thermometers and table for calculating period of gestation.

PRACTICAL URANALYSIS AND URINARY DIAGNOSIS: A Manual for the use of Physicians, Surgeons, and Students. By Charles W. Purdy, M. D., LL. D. (Queen's University); Fellow of the Royal College of Physicians and Surgeons, Kingston; Professor of Clinical Medicine at the Chicago Post-Graduate Medical School. Author of "Bright's Disease and Allied Affections of the Kidneys;" also of "Diabetes: Its causes, Symptoms, and Treatment." Fourth revised edition. With numerous illustrations, including photo-engravings and colored plates. In one crown octavo volume, 365 pages, bound in extra cloth, \$2.50 net. The F. A. Davis Co., Publishers, 1914-16 Cherry Street, Philadelphia; 117 West Forty-second Street, New York City; 9 Lakeside Building, 218-220 South Clark Street, Chicago, Ill.

This is the fourth edition of this valuable book. It has been reviewed in these pages in every edition that has been published, and we have had only unqualified commendation to pass upon it every time we have noticed it.

An elaborate review of the work was published in this journal for August, 1895, page 384. In that review were given the most improved methods of examining urine for albumen and sugar as perfected by the author. To that review the reader is referred for more definite information concerning the work.

Purdy's book has been adopted as a text book in more than sixty medical colleges, and has now passed into the fourth edition, as before stated.

Considerable change has been made in the chemical part to bring the work up to the present time. Obsolete methods have been omitted in order to make room for these latest and most improved tests. There has been a number of illustrations added that still further increase the value of the book.

We give this work the same unqualified endorsement that we have in the past to the other editions.

NOTES AND NOTICES.

SPEER'S PORT GRAPE WINE is the most pleasing and comforting beverage that can be given an invalid. Ask your doctor.

BROOKSIDE SANITARIUM for mental cases, is a private institution under State supervision. Located on the mountain side, with seventy acres of lawn, forest, orchard, and garden. A fine new mansion erected for the purpose. Large, airy rooms, heated by hot water, and lighted by electricity; all modern improvements. Driving as a means of entertainment and recreation—a specialty. The very best food, care, and treatment. Rates from \$12 per week upward, according to the needs of the case and accommodations desired.

NEW YORK AND WASHINGTON LADIES in delicate condition derive great benefit from Speer's Port Wine. Also excellent for the aged and infirm and convalescents.

MARCHAND'S HYDROZONE.—When you cannot procure from your jobber Marchand's medicinal preparations in their original, unbroken packages, viz.: Peroxide of Hydrogen (medicinal), Glycozone, Hydrozone and Eye Balsam, please address your order to either Messrs. Schieffelin & Co., 170 William Street, N. Y., or myself, when orders will be filled promptly.

Yours truly,

CHARLES MARCHAND.

New York, 57-59 Prince Street, cor. New Elm Street, October 17th, 1898.

SEE a lot of men in another column treading grapes at Do Sexio, Portugal, for wine. Read all about it and about Speer's N. J. method and what it is particularly good for.

CREW GOT FAT ON ARSENIC.—The German bark "Zion," which arrived at this port Sunday from Fowey, England, brought a rather peculiar cargo. It consisted of

1,800 casks of china clay, but in addition there were on board 300 casks of Arsenic. This part of the cargo had a remarkable effect on the crew.

The fact that Arsenic as well as Strychnine helps the formation of adipose tissue when taken into the human system in minute particles is well known, and both drugs have become favorite tonics for convalescents.

On board the "Zion" the men slept very near the large array of barrels containing the drug. They were stored in the hold, near the fore-castle, and partially exposed to the rays of the sun, which streamed in through the open hatch. When only about a week out from port one of the crew mentioned to his messmates that a peculiar and indescribable odor was coming from the casks containing the drug. It was not long after their attention had been called to it that they all noticed the same thing, and strange to say, noticed it all the more forcibly a week later. Several of the German tars became aware of the fact that they were filling out their clothes to a much greater extent than when they shipped. Many others, as days went on, became abnormally stout, in vast contrast to the former slim appearance which many of them presented before the land was left. One man gained, it is said, twenty-five pounds. Others were affected to a less extent. But the aggregate extra weight put on by the entire crew was a little less than four hundred pounds.

Several of the sailors are known here, and they are said to be scarcely recognizable when contrasted with the old days. This entire sudden taking on of avoirdupois is attributed to vapor, which, generated by the action of the sun on the casks, was inhaled by the seamen as they slept, and acted in precisely the same manner which it does when given as a tonic in a prescription. Captain Hammes, who slept aft in the vessel, entirely removed from the Arsenic, does not show any effect of the inhalation.

The "Zion," after discharging her cargo, will load oil at Point Breeze for London, when it is supposed the seamen will return to their normal condition.—*Philadelphia Times*, November 1st, 1898.

SURGERY IN THE MIDDLE AGES.—Dr. Robert Fletcher in his *Anatomy of Art*, and Dr. Luigi Sambon having shown conclusively that Greeks and Romans must have had a good acquaintance with surgery, it seems strange that in the mediæval European period there was dense ignorance and no skill in amputation. Sword and lance wounds were necessarily of constant occurrence then, and the treatment was mercileless. We have shown before how there was among primitive people a fair acquaintance with surgery, and even a knowledge of the refinements of it as in plastic operations. The discovery of a manuscript of the eleventh century shows us conclusively that among the Arabs and in Syria at the time of the first crusades, there was a fair knowledge of surgery, and that the Syrians held in poor estimation the Frank doctor. Osama tells how a knight was suffering from an abscess of the thigh, and a woman from consumption. The Frank physician had the knight's leg put in a block, and it was hacked off with a sword. The woman was treated by having her hair cut and a cross cut into her skull. The knight died at once, and so did the woman. Then the chronicler says the Syrian doctor who had been called in left disgusted, having learned more about Frankish medicine than he had ever known before.—*Scientific American*, August 1st, 1896.

